

**RELIGION AND SELF-COPING WITH AGING BY
ADULTS OVER SIXTY-FIVE**

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the Faculty of the
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of the Requirements for the Degree
Doctor of Philosophy**

**by
Vivian J. Thomas**

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This dissertation, written by

Vivian J. Thomas

*under the direction of _____ Faculty Committee,
and approved by its members, has been presented
to and accepted by the Faculty of the School of
Theology at Claremont in partial fulfillment of the
requirements for the degree of*

DOCTOR OF PHILOSOPHY

Faculty Committee

William M. Clements
Chairman
Karen Baker-Fletcher
Stephen King

Date April 22, 1996

Virginia Luckhart



Vivian J. Thomas

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ABSTRACT

Religion and Self-Coping With Aging

By Adults Over Sixty-Five

by

Vivian J. Thomas

The primary purpose of this dissertation is to explore the impact of religious attitudes and behaviors on effective coping of adults over sixty-five with increasing physical disabilities and decreasing social capabilities.

This study centers around pastoral counseling interviews with older people, in various community settings, as they reflect on the quality of their lives and their current religious beliefs. The focus of the interviews was to secure the opinions of older people about the possibility of having coped with their aging with the support of their Judeo-Christian religious beliefs and practices.

Pastoral counseling interviews were held with older adults in a variety of settings and samples were drawn from different groups of these populations. A random sample is drawn from a medical setting. Non-random samples are drawn from senior communities of residents in retirement facilities, a retirement housing complex, senior groups, and senior volunteers.

This study encourages the development of closer relationships between pastoral counselors and other professional disciplines which service the elderly. Medical staff, social service staff, health care personnel, and pastoral counselors, together, may have an understanding of

the physical, psychological and spiritual issues that frequently effect the older person in crisis.

This study highlights the increasing numbers of older people and the need for creative ministries with them.

ACKNOWLEDGEMENTS

This work would not have been completed without the interest and cooperation of many people. In the process of writing this dissertation I came to meet and know wonderful people who in their own unique ways are a part of this effort and have contributed so much to my own personal growth.

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Professor Karen Baker-Fletcher brought a new perspective to the committee team with her consciousness of women and social issues.

Ms. Elaine Walker and Mrs. Philla Reiley gave valuable assistance in organization guidance. Miss Kathy Deskin graciously typed this manuscript and helped with the editing.

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I was honored to receive a grant from the Fund for Theological Education, Incorporated. This grant and the encouragement given by that Institution was a source of inspiration which enabled me to complete this dissertation. This financial assistance enabled me to complete this study.

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Mrs. Marty McGaughy, the Director of Claremont Manor of Claremont, California, a large senior residential facility, was very accepting of the study. She supported the process, and graciously permitted access to the residents.

Emerson Village, a senior housing complex in the city of Pomona, California, permitted access to their residents. Mrs. Marion Fiasca was indeed a blessing, graciously coordinating this effort. She set up interviews and arranged publicity.

I wish to acknowledge the many persons I have had the privilege of meeting during the course of this study, particularly those who came forward to be interviewed.

I am also appreciative of the trust shown me by the churches, in particular St. Norbert Parish in Orange, California, which permitted access and opportunity to work with Mrs. Marge Richter, Director of Christian Service for the parish. Mrs. Richter headed a group of seniors known as the Young At Hearts. Mrs. Richter coordinated the event which invited the seniors to participate, and set up interview times and place.

I appreciate the support of interested volunteers from Pilgrim Place of Claremont, California. Their journeys as pilgrims serving others and continuing to serve those around them was supportive for this study of older people.

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My family, especially my late husband, Eugene, was consistent in their gifts of love and support. My sons, David, Valentine, and Eugene, and my daughter Mary, were consistent in their attitudes and expressions of love for their grandmother as she coped with the advanced age of 102 years with spirit, dignity and her faith in the Lord. This personal example of relatives within my family system led to inquiry regarding the experiences of other families relative to the ability to cope with the aging process, given the support that religious faith, beliefs and behaviors bring to the aging American of Judeo-Christian heritage.

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DEDICATION

This dissertation is dedicated primarily to the memory of my parents, grand-parents, great grandparents, and other relatives who aged with grace and faith. They gave examples of courage and patience as they dealt with increasing limitations in their physical abilities.

A special friend, Mrs. Beatrice Price Russell, has also been an example of one who has aged with grace and faith. Mrs. Russell, recently celebrated her ninetieth birthday. Currently she is chairing a committee for the World Day of Prayer for Church Women United. Most recently, she celebrated seventy-five years as a Girl Scout of America. With her husband, the late Reverend Galen Russell, she served in her denomination's mission fields in Japan. Her two sons are ordained ministers.

Buddy, as she is affectionately called, has and still touches many persons with her wit and charm. Dedicated to the poor and oppressed, she is representative of the pilgrims who reside in Pilgrim Place, California, who continue to give generously of themselves to their community.

When asked how she had coped with her current life as a ninety year old, she replied:

I am humorously and joyfully
Coping with the by-products of maturity,
With my hand in the Lord's.

CHAPTER 1

Introduction

There are many adaptations older people make if they are to successfully survive the seventh, eighth, ninth and even the tenth decades of their lives. Courage and strength of spirit are necessary for long life and the maintenance of personal dignity.

This dissertation explores selected dimensions of religious beliefs, experiences and behaviors, as these are associated with the quality of life of older adults, and their successful adaptation to increasing limitations, dependency and disabilities.

The careful identification of religious perspectives held by older adults would be a contribution to all of the professional disciplines serving the elderly populations.

Survivors who have coped with increasing limitations and feelings of helplessness can identify strategies and share their ideas as to the spiritual source of their strength.

Pastoral counseling interviews with the aged provide an opportunity for them to share how they have managed to survive and to reflect on their present quality of life and to reminisce about their life journey.

This study involves interviews with older people in the context of a pastoral counseling setting. The focus of the interviews was to ascertain whether the religious faith of the individual was a source of spiritual strength for them which

supported and enabled them to cope with the stresses and life changes of old age.

This study was undertaken with older Americans because there is a history of religious attitudes and behaviors throughout American culture. Faith dimensions relative to religious attitudes, behaviors and beliefs seem to appear as constants which are unique for Americans of Judeo-Christian heritage. It was therefore a possibility that these religious attitudes, beliefs and behaviors might be supported by those who are caregivers and members of the helping professions in the treatment of the whole person.

Interviews with older people were needed to validate the assumption that many had endured increased limitations and that they felt that their religious convictions had sustained them.

Statement of the Problem

Americans are growing older. This study is timely because of the projected increase in the length of life for Americans. In the late 1980s there were more than 30 million Americans over 65, twelve percent of the population, which is increasing by nearly 6 million every decade.¹ The U.S. Bureau of the Census forecasts 58.6 million older persons by the year

¹ Ken Dychtwald and Joe Flower, Age Wave: The Challenges and Opportunities of an Aging America (Los Angeles: J. P. Tarcher, 1989), 7-8.

2025, a 300 percent increase from 1975.²

Researchers advise that more than two-fifths of the 65 plus population have passed 75, and that the over 85 group is the fastest growing segment of the population. There are 3.3 million persons over 85, and there will be close to 20 million by the year 2050.³

The projected increase in the length of life for Americans is a factor which is important for faith communities whose congregations will reflect an accentuation of the growth of aged populations in American society and the corresponding need for development of creative ministries in the pastoral counseling and care of their families.

The reality of a lengthened life span in the 1990s, is a phenomenon, due to lower infant mortality rates, fertility rates which declined in the 1960s to 1970s and improved medical technology in America in this century.⁴ Tables 1, 2, and 3, taken from the 1991 U.S. Census, illustrate these facts.

Faith communities need to be alerted in order that they

² George C. Myers, "Aging and World Wide Population Change," in Handbook of Aging and Social Sciences, 2nd ed., eds. Robert H. Binstock and Ethel Shanas (New York: Norton, 1982), 182.

³ Charles F. Longino, Jr., Beth J. Soldo, and Kenneth G. Manton, "Demography of Aging in the United States," in Gerontology: Perspectives and Issues, ed. Kenneth F. Ferraro (New York: Springer, 1990), 19-21.

⁴ Barbara Payne, "Religion and the Elderly in Today's World," in Ministry with the Aging, ed. William M. Clements (San Francisco: Harper and Row, 1981), 154.

might work with other helping professions to meet the needs of increased numbers of the elderly in their congregations.

If people can cope with their personal aging by the sustenance they receive from their religious activities, behaviors and beliefs, then this will enable them to hope and to participate in life-giving activities of helping professions.

The older one gets, the more losses are sustained, and with each loss the aged person is required to cope in those ways which are unique to him or her.⁵

Americans find it difficult to think about old age until they are propelled into the midst of it by their own aging and that of their relatives and friends. For many elderly Americans, old age is a tragedy, a period of quiet despair, deprivation, desolation and muted rage.⁶

A letter forwarded to the Los Angeles Times illustrates the plight of such an isolated woman. There is no indication of a faith commitment.

Is Anybody Listening?

Hello! Is there anyone out there who will listen to me? How can I convince you that I am a prisoner?

For the past five years, I have not seen a park or the ocean or even just a few feet of grass.

I am an 84-year-old woman, and the only crime

⁵ Martin A. Berezin, "Partial Grief for the Aged and Their Families," in The Experience of Dying, ed. E. Mansell Pattison (New Jersey: Prentice-Hall, 1977), 279.

⁶ Robert N. Butler, Why Survive? Being Old in America (New York: Harper and Row, Torchbooks, 1975), 1.

which I have committed is that I have an illness which is called chronic. I have severe arthritis and about five years ago I broke my hip. While I was recuperating in the hospital, I realized I would need extra help at home. But there was no one. My son died 35 years ago, my husband 25 years ago. I have a few nieces and nephews who come by to visit once in a while, but I couldn't ask them to take me in, and the few friends I still have are just getting by, themselves. So I wound up at a convalescent hospital in the middle of Los Angeles.

All kinds of people are thrown together here. I sit and watch, day after day. As I look around this room, I see the pathetic ones (maybe the lucky ones--who knows?) who have lost their minds, and the poor souls who should be out but nobody comes to get them, and the sick ones who are in pain. We are all locked up together....

I have been keeping in touch with the world through the newspaper, my one great luxury. For the past few years I have been reading about the changes in Medicare regulations. All I can see from these improvements is that nurses spend more time writing. For, after all, how do you regulate caring? Most of the nurse's aides who work here are from other countries. Even those who can speak English don't have much in common with us. So they hurry to get their work done as quickly as possible. There are a few caring people who work here, but there are so many of us who are needy for that kind of honest attention. A doctor comes to see me once a month. He spends approximately three to five seconds with me and then a few more minutes writing in the chart or joking with the nurses. (My own doctor doesn't come to convalescent hospitals, so I had to take this one.) I sometimes wonder about how the nurse's aides feel when they work so hard for so little money and then see that the person who spends so little time is the one who is paid the most.

I notice that most of the physicians who come here don't even pay attention to things like whether their patient's fingernails are trimmed or whether their body is foul smelling. Last week when the doctor came to see me, I hadn't had a bath in 10 days because the nurse's aide took too long on her coffee break. She wrote in the chart that she gave me a shower--anyway, who would check or care? I would be labeled as a complainer or losing my memory, and that would be worse. It is now 8 o'clock. Time to be in bed. I live through each night--and it is a long night--with memories of my

childhood. I lived on an apple farm in Washington....

I remember how I used to bake pies and cakes and cookies for friends and neighbors and their children. In the five years I have been here, I have had no choice--no choice of when I want to eat or what I want to eat. It has been so long since I have tasted fruit like mango or cherries. As I write this, I keep wishing I were exaggerating.

These last five years feel like the last five hundred of my life.

Last year, one of the volunteers here read us a poem. It was by Robert Browning. I think it was called "Rabbi Ben Ezra." It went something like this: "Grow old along with me, the best of life is yet to be." How can I begin to tell you that growing old in America is for me an unbelievable, lonely nightmare?

I am writing this because many of you may live to be old like me, and by then it will be too late. You too will be stuck here and wonder why nothing is being done, and you, too, will wonder if there is any justice in life. Right now, I pray every night that I may die in my sleep and get this nightmare of what someone has called life over with, if it means living in this prison day after day.⁷

Loneliness and isolation are painful as indicated by the above newspaper article. The resident in a convalescent home, or the homebound person living alone may have experienced many losses. The loss of relatives through death, the loss of jobs, the loss of homes are significant and require the ability to adjust to changes. R. Scott Sullender points out

⁷ Anonymous letter, Los Angeles Times, [23 Sept. 1979?]. This letter was forwarded to the Los Angeles Times by the author's niece. Neither woman identified herself "because we are fearful." Although the Times ordinarily will not accept anonymous articles for publication, the editors noted that they believe this woman's message is exceptional--as does the author of this dissertation who clipped the letter. The Times Research Department was contacted in March 1996 in an effort to confirm the date of publication and obtain permission to reprint the letter. The Research Department was unable to confirm the publication or date.

that losses surround us in later life and that older people are almost in a constant state of grief.⁸

For those involved in ministry and pastoral counseling, alertness and sensitivity to the feelings of isolated elders is priority. Work with other disciplines is very necessary for the treatment of the whole person.

The pastoral counseling interviews raised the issues of care of the sick and the elderly by caregivers. Faith which enabled the caregiver to cope was supportive. It is important that those who care for the aging do so with compassion and understanding. Henri Nouwen speaks of compassion as making us break through the distance of pity and bringing our human vulnerabilities into a healing closeness to our aging brother and sister.⁹ Pastoral counselors with special training may be able to help with sensitivity and compassion, those families struggling with the care of the aged or with the aged who are alone or isolated.

Koenig, Smiley, and Gonzales suggest that ministers with special training in Pastoral Counseling may be in an important position to provide personal counseling to religiously oriented older adults with complex psychosocial needs and concerns. In an age where the increasing mental health needs

⁸ R. Scott Sullender, Losses in Later Life: A New Way of Walking with God (New York: Paulist Press, 1989), 18.

⁹ Henri J. M. Nouwen and Walter J. Gaffney, Aging: The Fulfillment of Life (Garden City, N.Y.: Doubleday, Image, 1974), 114.

of the burgeoning over age sixty-five population threatens to overwhelm the formal mental health care, other resources need to be identified. The busy primary care physician often does not have the time or expertise to deal with ethical, social, and psychological needs of older patients, particularly those patients whose complex medical problems consume most of the medical encounter.¹⁰

Changes in Life Expectancy

Life expectancy has changed for Americans. Dychtwald and Flower note that in 1776, a child born in America could expect to live to 35, on the average. At the founding of the Republic, the median age of people who suddenly found themselves American was 16. A century later life expectancy was only 40, and the median age 21.¹¹

The growth in medical technology has eliminated some of the diseases that caused death in early childhood. The growth in the older population has been accompanied by increasing life expectancy. Within the aged population there have also been changes in life expectancy. Karen Davis reports that the improvement in life expectancy for the aged has led to dramatic demographic shifts. The size of the aged population is increasing, and within the aged population the proportion

¹⁰ Harold G. Koenig, Mona Smiley, and Jo Ann Ploch Gonzales, Religion, Health and Aging: A Review and Theoretical Integration (New York: Greenwood Press, 1988), 93-101.

¹¹ Dychtwald and Flower, 4-5.

of the very old is also increasing.¹²

The aged face the need for increased health care resources. Butler suggests that the elderly account for one-fourth of the nation's health expenditures because of their greater need for medical services and costlier illnesses. Older patients require more physician time, more frequent hospital admissions and longer stays in the hospital.¹³

The Impact of Increased Life Expectancy

The chronic illnesses which deplete the individual in terms of spirit and stamina ran from mild aches and pains to long term illness and disability and constitute the bulk of physical health problems for the elderly. Butler submits that about 86 percent (15.4 million) of people 65 and older and 72 percent (28 million) of those from 45 to 64 are estimated to have one or more chronic conditions.¹⁴

It is important for those who are finding themselves increasingly dependent and disabled that they not despair. Erik Erikson has remarked that a historical change like the lengthening of the average life span calls for viable reritualization, which must provide a meaningful interplay between beginning and end, as well as some fine sense of

¹² Karen Davis, "Health Care Policies and the Aged: Observations from the United States," in Handbook of Aging and the Social Sciences, 2nd ed., eds. Robert H. Binstock and Ethel Shanas (New York: Van Nostrand Reinhold, 1985), 732.

¹³ Butler, 174-75.

¹⁴ Butler, 175.

summary and possibly, a more active anticipation of dying.¹⁵ With losses in role and in status some of the aged suffering from chronic illness are confounded with overwhelming feelings of despair as is the case of some who are homebound or in institutions.

As older people withdraw from careers and family responsibilities it is possible for them to look within themselves interiorly. Erikson comments that as informants distill from the past that which they view as essential to the future, many turn to religion--to current beliefs and to those of a lifetime. As they look to a future that may seem more frightening and unknowable than ever before, lifelong religious faith offers a kind of consolation.¹⁶ For Americans who have had a lifetime experience in the Judeo-Christian traditions, there may be a return to practical involvement or response to ministry from their faith community after their retirement from middle life involvements.

The American Culture

In the search for coping strategies and resources to facilitate adaptation to stressful life events, David Mechanic has suggested that attention be turned to the influence of adaptive strategies that have their roots in the culture of a

¹⁵ Erik H. Erikson, The Life Cycle Completed: A Review (New York: Norton, 1982), 63.

¹⁶ Erik H. Erikson, Joan M. Erikson and Helen Q. Kivnick, Vital Involvement in Old Age: The Experience of Old Age in Our Time (New York: Norton, 1986), 69.

society. Religion is a firmly ingrained part of the culture of the current elderly cohort.¹⁷

H. Richard Niebuhr defined culture as the artificial secondary environment which man superimposes on the natural. It comprises language, habits, ideas, beliefs, customs, social organization, inherited artifacts, technical processes and values. Culture is social heritage.¹⁸

To facilitate adaptation to stressful life events, it has been suggested that attention be turned to the adaptive strategies that have their roots in the culture of a society.¹⁹

Religion

As religion is part of American culture it is important to consider religious beliefs and attitudes when we consider populations of the aging and their success in dealing with the limitations of age. David Moberg suggests that neglect of religion among the aging flies in the face of much contrary evidence. Gallup Poles have shown that three-fourths of Americans past age 65 consider religion to be very important, over four-fifths claim their religious faith is the most important in their lives, 95 percent pray to God, 49 percent

¹⁷ Koenig, Smiley and Gonzalez, 2. See also David Mechanic, "Social Structure and Personal Adaptation: Some Neglected Dimensions," Coping and Adaptation, eds. G. Coelho, D. Hamburg, and J. Adams (New York: Basic Books, 33).

¹⁸ H. Richard Niebuhr, Christ and Culture (New York: Harper and Row, 1951), 32-33.

¹⁹ Koenig, Smiley and Gonzalez, 2.

attend church or synagogue in the average week, two-thirds rate themselves in the three highest of ten categories for leading a Christian life, and 84 percent wish their religious faith were stronger.²⁰

Recent research regarding the religious activities and attitudes of older persons attending a geriatric medicine clinic indicated that half (50.0 percent) of the sample noted this statement to be definitely true for them: "My faith involves all of my life."²¹ Additional research by these investigators with older adults found that studies of seniors participating in senior centers in central Illinois, eastern Iowa, and central Missouri, gave similar responses.²² This research suggests that the results of these studies and the Gallup national surveys underscore the major impact that religion has on the lives of older adults in this country.²³

S. L. Pressey and R. G. Kuhlen (1957) suggested that interest in religion would be greater when personal crises occur: no direct test of this has been carried out, but the religious older appear to face the future with more sense of purpose (Acuff and Allen, 1970; Caven, 1949; Jeffers, Nichols,

²⁰ Princeton Religion Research Center (Princeton: Gallup Poll, 1982), 20, cited in David O. Moberg, Spiritual Maturity and Wholistic Religion in the Later Years (n.p., n.d.), 4-5.

²¹ Koenig, Smiley, and Gonzalez, 3.

²² Koenig, Smiley, and Gonzalez, 3.

²³ Koenig, Smiley, and Gonzales, 3.

and Eisdorfer, 1961).²⁴

Purpose of the Dissertation

The purpose of this study is to explore from a Pastoral Counseling perspective the impact of religious attitudes, behaviors and beliefs on adults over sixty-five as they seek to cope with increasing physical disabilities, dependency, decreased social capability and the losses which accompany old age.

This dissertation builds upon the work of previous studies in religion, health and aging. It is an expansion of the research of Harold G. Koenig of Duke University Medical Center, of the Center for the Study of Aging and Human Development, Durham, North Carolina.

Limitations

This study is limited to persons of Judeo-Christian heritage, who are over 65 years of age and their spouses and/or caregivers. They are retirees residing in Southern California. It is recognized that the problems of the aging are global. All must face mortality.

²⁴ Sheila M. Chown, "Morale, Careers and Personal Potentials," in Handbook of the Psychology of Aging, eds. James E. Birren and K. Warner Schaie (New York: Van Nostrand Reinhold, 1977), 681. See also Sidney L. Pressey and Raymond G. Kuhlen, Psychological Development Through the Life Span (New York: Harper Row, 1957); G. Acuff and D. Allen, "Hiatus in 'meaning'; Disengagement for Retired Professors," Journal of Gerontology 25 (1970): 126-28; Ruth Caven, Personal Adjustment in Old Age (Chicago: Science Research Associates, 1949); F. Jeffers, C. R. Nichols, and C. Eisdorfer, "Attitudes of Older Persons Towards Death: A Preliminary Study," Journal of Gerontology 16 (1961): 53-56.

Biblical References

As older people are continually stripped of health, social capability and many of the advantages of youth and middle age, it would seem that life becomes burdensome. For Christian Americans there may be comfort in scripture. The Gospel according to Matthew 11:28-30 reads:

Jesus says: "Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy and my burden is light."²⁵

The words of Jesus might be remembered by those who reside in total care situations, where they are separated from family and have no friends. Jesus claimed a special relation to God which he could share with others. The rabbis spoke of the yoke of the Law. Jesus regarded his claim as more demanding and more rewarding. Jesus the shepherd who gives his life. The details are strikingly true to life. Christ is the door into God's fold. Christ provides escape from the perils of sin, freedom, and spiritual sustenance (the bread, water and light of life).²⁶

Americans resent any Welfare because of a history of rugged individualism. To become dependent and subject to the care of others is a crushing blow to dignity and to self-

²⁵ Matthew 11: 28-30; John 3:35; 13:3; 5:17-20, in Oxford Annotated Bible with the Apocrypha, RSV, eds. Herbert G. May and Bruce M. Metzger (New York: Oxford University Press, 1962), 1185.

²⁶ Oxford Annotated Bible, 1302.

worth. The power of decision making is drastically reduced when one can no longer care for one's self. The fear of being labeled senile or an Alzheimer's patient when there is a normal loss of memory, without medical evaluation, creates anxiety for people who are dependent on adult children or alone without relatives or friends. Some are helpless victims of senior abuse, learning to be silent rather than complain.

Ecclesiastes 12: 1-7 speaks of the symbols of old age and the challenges:

Remember also your creator in the days of your youth, before the evil days come and the years draw nigh, when you will say, "I have no pleasure in them"; before the sun and the light and the moon and the stars are darkened and the clouds return after the rain; in the day when the keepers of the house tremble, and the strong men are bent, and the grinders cease because they are few, and those that look through the windows are dimmed, and the doors on the street are shut; when the sound of the grinding is low; they are afraid also of what is high, and terrors are in the way; the almond tree blossoms, the grasshopper drags itself along and desire fails; because man goes to his eternal home, and the mourners go about the streets; before the silver cord is snapped, or the golden bowl is broken, or the pitcher is broken at the fountain, or the wheel broken at the cistern, and the dust returns to the earth as it was, and the spirit returns to God who gave it. (RSV)

The natural symbols of old age are described in this chapter of Ecclesiastes. The guardians represent the arms trembling and weakening. The strong men are bent refers possibly to the legs which stiffen with age. The grinders refer to the teeth which are few in old age. The windows refer to the worsening of eye sight. The mouth is described as doors representing tightly compressed lips. The sound of

mastication is referred to as the sound of the mill which is low. The voice is described as the daughters of song being suppressed. Older people may fear heights and accidents in the street when they go out alone. The almond tree blossoming relates to the white hair of age. The golden bowl suspended by the silver cord was a symbol of life. Therefore the snapping of the cord and the breaking of the bowl represents the symbol of death. The pitcher that is shattered and the broken pulley represent a pair of metaphors for life and its ending.²⁷

The Christian American is familiar with this chapter of Ecclesiastes 1-7. The faith of the Christian American in the Good News of the New Testament offers hope in eternal life. Congregations of Americans are exposed to the preaching of the Good News at special times in their lives.

The faith of the Christian American, as a constant in the lives of many adults, transcends many social issues and may afford the individual a sense of hope in current life situations. The light of the Good News in the gospel of Jesus Christ permeates the darkness of fear which confronts older adults.

Definitions of Terms

Aging. Nouwen and Gaffney give this definition which seems to fit the thought behind this study and discussion with

²⁷ The New American Bible, St. Joseph ed. (New York: Catholic Book Publishing Co., 1970), 741-42.

older adults:

Aging is the turning of the wheel, the gradual fulfillment of the life cycle in which receiving matures in giving and living makes dying worthwhile. Aging does not need to be hidden or denied, but can be understood, affirmed, and experienced as a process of growth by which the mystery of life is slowly revealed to us.²⁸

Religion. William James defines this term as the feelings, acts and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine.²⁹ For the aging, as advancement in age produces more time for solitude, and opportunities for reflection, in the face of mortality, it is possible to realize that personal finiteness is limited as compared with the Infinite. For this study, religion is a common bond between all those with Judeo-Christian backgrounds.

This dissertation deals with religious behaviors self-reported by older adults. They were able to talk at length about their experiences in the mission fields, or in war situations where some experienced imprisonment and torture. Their ability to pray and to worship even when they were unable to get to their faith communities demonstrated their overall commitment to Jesus Christ. Some of those interviewed were able to talk about present religious activities to which

²⁸ Nouwen and Gafney, Aging, 14.

²⁹ William James, The Varieties of Religious Experience (New York: New American Library, 1958), 42.

they were devoted as part of their Christian service to their own and other communities both in this country and abroad. Later in our reports of the people who participated in this study we will give explicit accounts of some of their experiences.

David Moberg defines religion as the personal beliefs, values, and activities pertinent to that which is supernatural, mysterious, and awesome, which transcends immediate situations, and which pertains to questions of final causes and ultimate ends of man and the universe.³⁰ Religion for the participants in this study was for some, mysterious and awesome in that they had life experiences which were unexplainable and which tied in with their concept of God regarding the events that had happened in their lifetime. Many had prayed and had answers to their prayers which they felt had been answered by God. Prayers were answered perhaps negatively but when people look back over their lives they recognized that they had received answers to prayers.

Kenneth Stokes and Charles Bruning suggest that religion refers to the cumulative tradition of the faith of a people in history. It includes the wide variety of sacred writings, symbols, liturgical expressions, creeds, artistic representations, ethical teachings, etc., that make up the religion of a given group or individual within that group. It is a relatively stable and formalized structure of

³⁰ See Koenig, Smiley and Gonzales, 3.

relationships which bind people together in a common purpose.³¹ People find solace in community. The organized community of people in fellowship supports the individual.

Religious behaviors. This phrase refers to activities which include major dimensions of religiosity. According to Moberg:

In order to have a "healthy" or "sound" relationship with God, there must be ritual (worshipping, praying, and other religious activities), beliefs (especially faith in Jesus Christ as Savior and commitment to him as Lord), knowledge (at least a minimal knowledge of human sinfulness and God's provision for salvation), feelings (emotions are involved in all human experience and are often intense at time of conversion, special revelations, developmental insights, and thrilling religious events), and consequences (the works without which faith is dead).³²

Religious behaviors performed by people over the life cycle afford opportunities for marking life events such as baptisms, weddings, and other celebrations. Music and art are a part of worship and add to ritual observance. The older person has memories of these special events which have enriched their lives. Reminiscing enables the older person to reflect on their journey and to acknowledge their accomplishments.

Faith. It was extremely difficult for participants of the study to define faith. They took time and reflected

³¹ Kenneth Stokes, and Charles Bruning, "The Hypotheses Paper," in Faith Development in the Adult Life Cycle, ed. Kenneth Stokes (New York: Sadlier, 1982), 46.

³² David O. Moberg, Wholistic Christianity: An Appeal for a Dynamic Balanced Faith (Elgin, Ill.: Brethren Press, 1985), 90.

before they could give an analysis of their personal faith.

Faith as defined by Bruning and Stokes is

much deeper and more personal than religion. It is a part of the inner dynamic of an individual and/or that unstructured and often verbally inexpressible bond of commonality in dealing with life's ultimate issues which may be shared by two or more individuals. Faith necessitates a fundamental alignment of the heart and will, commitment of loyalty and trust.³³

Faith as discussed with the participants was a facing of the ultimate of life issues, that of aging and that of one's personal mortality. The meaning of the Resurrection and the Gospel good news was a source of comfort and hope which was a fundamental alignment of the heart and the will based in trust and love.

Intrinsic faith, and extrinsic faith styles. People interviewed presented different styles of faith. As differentiated by Moberg,

Another aspect of commitment is one's basic life orientation.... People who are intrinsically motivated live their faith; extrinsic persons use it. Intrinsic faith is internalized as part of the very fabric of one's personality. Faith is the master motive in life to which other needs are made subservient.... Extrinsically oriented persons use religion for their own self interest. They may participate in church activities primarily in order to make business contacts or to meet persons of the opposite sex.³⁴

We saw many people who were intrinsically involved and living by their faith. One veteran painted beautiful seascapes and

³³ Stokes and Bruning, 47.

³⁴ Moberg, Wholistic Christianity, 91.

quietly expressed his faith. Others were more active in social activities and appeared to be extrinsically oriented.

Pastoral care. Howard Clinebell writes:

Pastoral care is a response to the need that everyone has for warmth, nurture, support, and caring. This need is heightened during times of personal stress and social chaos. Pastoral counseling is a reparative expression of pastoral care, seeking to bring healing to those suffering from crisis induced dysfunction and brokenness.... They are the lonely and alienated in our society whose need for caring is acute.... Thus a congregation's ministry of care and counseling have both an inreaching and an outreaching mission to persons, wherever they may be in need.³⁵

Older people may be in need for warmth, support, and caring. Just to have someone touch an individual who is locked in a wheelchair or bedbound is often deeply appreciated by that person. Visits from the congregations where individuals have been active participants is encouraging and enables the healing of brokenness.

Coping. Coping in this study relates to the overcoming of despair at the losses in old age by the elderly. They survive the debilitation and social decline by continual involvement in life situations participating in giving of themselves to the upcoming generations.

Adjustment is characterized by two conditions: first, the individual's ability to meet the demands of the environment and second, the individual's experience of personal well-being

³⁵ Howard Clinebell, Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth, rev. ed. (Nashville: Abingdon Press, 1984), 46.

in relationship to the environment. Adjustment, then, represents both the process of coping and the results of that process, a sense of well-being. Unlike well-being, however, coping the active more objective component of adjustment has been difficult to measure directly.³⁶

Ability to cope with and adjust to stressful life changes with aging (physical illness, bereavement, fears concerning death) is an important determinant of well-being and mental health.³⁷ Low copers are those who commit suicide or take refuge in alcohol and drugs. People with high coping skills endure the limitations and diminishments. Our study examines those who cope with aging with the support they feel comes from their faith and religious beliefs.

Some older people cannot endure the changes they experience. Some commit suicide. The greatest numbers of older persons who committed suicide according to the U.S. Census of 1991 were elderly men. The rate of suicide among the elderly is more than three times that for other groups. With the projected increase in the numbers of older people, there is a comparative increase in the risk for suicide among those who have had difficulty adjusting to old age. (See Tables 13 and 14.)

Acute and chronic alcoholism is also not uncommon in old age. Sometimes there are underlying psychiatric disturbances,

³⁶ Koenig, Smiley, and Gonzalez, 15.

³⁷ Koenig, Smiley, and Gonzalez, 15.

such as a depressive illness or chronic anxiety. In such cases the individual is essentially trying to treat his or her basic psychiatric disturbance, using alcohol as an anti-depressant or tranquilizer.³⁸

Coping strategies. These strategies are both cognitive and behavioral, and are described as follows:

Coping strategies have been subdivided into cognitive and behavioral types.... More specifically a person may cope with stressful life events by either intrapsychic maneuvers that serve to change the interpretation of the event (i.e., from unpleasant or threatening to something less disturbing), or active behaviors designed to change the situation and make it less stressful.... Active behaviors focused on correcting the stressful situation may be counter-productive at times and actually stress-inducing, especially for a sick or disabled elderly person with little financial or social resources and little control over his or her environment. This person may have to rely on intrapsychic coping strategies.³⁹

Some of the older people were upset at the loss of a spouse. They had feelings of isolation and found it difficult to relate to new people. Some of the institutions visited during this study had regular programs which encouraged individuals to participate in social activities. Health care was monitored and when necessary people moved from their own apartments to health facilities. New strategies had to be developed to deal with new personnel who were responsible for increased personal care.

³⁸ Eric Pfeiffer, "Psychopathology and Social Pathology," in Handbook of the Psychology of Aging, eds. James E. Birren and K. Warner Schaie (New York: Van Nostrand, 1977), 650.

³⁹ Koenig, Smiley and Gonzales, 2.

Losses in old age. Paul W. Pruyser comments that from the perspective of the person there is a loss in personhood.

He states:

Personhood... is an ongoing process of losses and gains, mourning and rejoicing--or in technical terms, a process of cathexis, decathexis, and recathexis. We know quite a bit about the losses, and very little about the gains, because aging has so often described under the aegis of our iconic illusion, as a stepwise approach to decrepitude....

Apart from the loss of loved ones through death,....aging does entail personal setbacks experienced as loss....particularly for the average man or woman who has no wealth, no great talent, no especially favorable social position, no enduringly marketable skill.⁴⁰

For the person who has spent the major part of their lives as employees or business people it is very difficult to make changes such as those brought about by retirement. Lower income makes it difficult to continue living as was possible in the past. Housing and changes in neighborhoods makes it difficult for older people.

Grief. R. Scott Sullender writes that

Grief is, simply put, that human emotion that we feel when we lose someone or something that we are psychologically attached to. It is the feeling of sorrow, sadness and nostalgia. It occurs every time there is a loss. Grief is therefor universal among humans.⁴¹

Among older people there is a preponderance of grief. The loss of relatives and friends removes support of long

⁴⁰ Paul W. Pruyser, "Aging: Downward, Upward, or Forward?" in Toward a Theology of Aging, ed. Seward Hiltner (New York: Human Sciences Press, 1975), 107.

⁴¹ Sullender, Losses in Later Life, 2.

established relationships.

Research Objectives

The primary objective of this dissertation was to explore with older people, in a pastoral counseling environment, the impact of their religious faith as expressed in attitudes, beliefs and behavior, as these were associated with overcoming feelings of despair with the continuous advance of limitations due to old age, for Americans, of Judeo-Christian heritage, after the age of 65.

A secondary objective was to respond to the work of other professions who have invited the participation and sharing of those trained in pastoral counseling.⁴² A positive theology of interpersonal relations, death, illness, and aging is necessary before we can successfully care for and counsel persons undergoing crises in these areas of life.⁴³ The framework of meaning within the Christian cultural context of church may be of great assistance in bridging gaps between secular and health professions which also service the aging.

Most supportive of this study were a variety of professionals. There were physicians, retirement home staff, nurses, occupational and physical therapists, social work staff and others who expressed interest in this research.

⁴² Koenig, Smiley, and Gonzales, 141-52.

⁴³ Don S. Browning, The Moral Context of Pastoral Care (Philadelphia: Westminster, 1976), 16.

Research Questions

1. Is there an association between cultural factors such as Christian faith, which appears to be a constant factor in the lives of Americans of Judeo-Christian religious heritage, over the age of 65, expressed in religious beliefs, attitudes and behaviors which enable them to survive and cope with increasing limitations, dependency and adjustment due to old age?

2. What is the consensus of the feelings of older people who were interviewed, as to their personal reflection, about their faith sustaining them and helping them to cope with the limitations of old age?

Subsidiary Question

How might older adults be empowered in creative ministries which will engage them in telling forth God's good news (kerygma), fellowship based on the sharing of all God's gifts (koinonia), and waiting upon God through the service of others (diakonia)?⁴⁴

Organization of the Dissertation

The introduction to this study has given importance to the projected increase in the numbers of the adults over sixty-five, due to increase in life span. This study suggests that those who serve and minister with the aged gain awareness as to the need for pastoral care and for counseling for this

⁴⁴ Thomas B. Robb, Growing Up: Pastoral Nurture For the Later Years (New York: Haworth, 1991), 125.

population. This population is unique due to the fact of the increased life expectancy, which will be accompanied by a need for increases in services for social and health care.

Chapter 2 presents the theology of the study.

Chapter 3 presents the background of this research. It reviews the relevant research and particularly the work of Harold G. Koenig, who has encouraged and supported this study.

Chapter 4 presents the data which has been accumulated and provides an analysis of the information gathered.

Chapter 5 reviews the findings and evaluates the relevance of the hypotheses.

Chapter 6 discusses the findings which relate to pastoral counseling and suggested possibilities for future investigation. The influence of the thought of theologians is presented as these have been sources of inspiration for this study.

Appendices include clearance forms, questionnaires, correspondence, and tables.

CHAPTER 2

Theology of the Study

This chapter gives a theological analysis of the research conducted. It will consider the following: (1) the theological problems relative to research with the aging and their caregivers; (2) theological questions the research will support; (3) theological concepts which will offer some solutions to some of the problems; and (4) comments by theologians relative to a practical theology of aging.

Theological Problems

Seward Hiltner raises a question which is a focus of this dissertation. Given the increase in life span, what is a theology of aging in America? Hiltner states:

As people now live longer, and soon will live longer yet, and more vigor may be expected, with the increasing life span, will aging seem to recede as something not to be confronted at all (until 80, 90, or 100 years of living?). Is the sole, or even the main, theological question, the confrontation of eventual mortality; or is it even more important to confront aging as a part of living itself? Is the wide use of the metaphor "maturing" ominous in that it stops when the apples are ripe? Is there a kind of "cryptic theology" in Erik Erikson's "generativity" applied to middle and older years; and if so, can this be brought out of vagueness especially by study and reflection at the theological level?¹

A cryptic theology might mean that there is a need to obscure or conceal the aging process from the middle to the

¹ Seward Hiltner, "Facts and Needs: Present and Future," in Toward a Theology of Aging: A Special Issue of Pastoral Psychology, ed. Seward Hiltner (New York: Human Sciences Press, 1975), 98.

older years. This might obscure the possibility of growth after the older years. The suggestion is that after an apple ripens it falls to the ground and is of no further use. Erikson's illustration of the 8th stage of life as one of despair or integrity allows for reflection and study at the theological level. If the older person despairs, then life has very little meaning. If there is a sense of well-being and spiritual ease then there can be acceptance of physical and social delimitations. Theological reflections help to address the need for an interpretation of this period in life and the response of faith communities to these issues.

Don S. Browning addresses the primary task of theology which is to provide orienting interpretations of life and human destiny that constitute the truth and value frameworks governing the development of both social policy and stratagems of individual interventions and care.²

Browning points out that the understanding of hope and salvation in the New Testament and its sources of faith in Q, Mark, and Paul, suggest the common experience of aging revealed--that there is within it a thrust toward transcending through care the limitations of one's individual life. There is also within the experience of aging the temptation to sink back into self preoccupation and stagnation. Browning

² Don S. Browning, "Preface to a Practical Theology of Aging," in Toward a Theology of Aging: A Special Issue of Pastoral Psychology, ed. Seward Hiltner (New York: Human Sciences Press, 1975), 154.

continues, saying:

New Testament apocalypticism is a symbolic representation of an objective activity on the part of God that transforms the world and preserves the values of those who participate in His work. New Testament apocalypticism gives ideological reinforcement to our efforts to make generativity and care victorious over stagnation and self-absorption. It furthermore conveys the idea that efforts to care for and renew the world are not totally dependent upon my own individual efforts. Therefore, when our own vitality declines and the range of our contributions becomes narrowed, we can still have the sense that our efforts will have some objective meaning in the life of God and that activity toward the renewal of the world will go on beyond the cessation of our own labors.³

The struggle for meaning and sense of being for the aging and those who care for them is connected with hope and salvation. Therefore in this study of persons with Judeo-Christian backgrounds, their thoughts and feelings about their personal sense of hope and salvation seemed to either indicate failure and despair, or a sense of transcending the limitations of physical and social decline.

The thought of Browning which has influenced the writing of this dissertation extends to concepts of the metaphysical foundation of a New Testament vision of the care of the aging. Using the process metaphysics of Alfred North Whitehead and Charles Hartshorne, he claims truth for the apocalyptic vision of Q and Mark. He describes process metaphysics as being understood as a metaphysical extension of the view of the world associated with the post-Darwinist evolutionary-adaptive

³ Browning, "Preface to a Practical Theology," 162.

perspective on life. Considering the evolutionary adaptive point of view in the work of Erik Erikson, Browning points out that most of the social sciences and, for that matter, most of the sciences of man dealing with aging are roughly evolutionary-adaptive in their philosophical orientation. He indicates that Erikson has an emergent-evolutionary context of meanings to his psychology. His thought concurs with that of William Barrett and Daniel Yankelovich, that Erikson's concept of epigenesis has similarities to Whitehead's concept of "organism as an emergent structure." He therefore sees Whiteheadian philosophy as a fortuitous perspective from which to discern the metaphysical foundations of generativity and care.⁴

Browning reminds us of the distinction in Whitehead's thought between the primordial and the consequent nature of God. He sees both of these dimensions of God as abstractions from God's concrete nature. The primordial nature refers to God's eternal envisagement of all external objects or possibilities; it is this dimension of God that comes closer to the ancient idea of indefinite infinite or totality. The other dimension of God, the consequent nature, is infinite by virtue of its unlimited capacity to integrate into the life of God the actual values that emerge from other actual events and people. Browning notes that it is in the interplay between

⁴ Browning, "Preface to a Practical Theology of Aging," 164.

God's primordial nature and his consequent nature that care becomes a possibility.⁵

Browning's thought has influenced this study regarding the possibilities of the aging to pass on to successive generations hope and care. He postulates that God provides each actual entity with an appropriate possibility for that entity's initial aim or telos. But the actual values which that entity "chooses" and passes on to subsequent actual occasions are also taken up and preserved in the consequent nature of God. In this view, all entities (and certainly more complex societies such as human beings), through the values that they choose make contributions, for good or ill, not only to their successors but also to the very experience of God. Browning concludes that process metaphysics gives humankind a house for his hope and a house for his care. It is revealed to us in the context of our aging a metaphysical vision whereby our efforts to care for and renew our world not only are communicated causally to succeeding generations but actually also are saved from perishing by God Himself. Browning points out that in this view of things, time is taken as real and the infinity of God in concrete; it offers a metaphysical vision capable of conceptualizing and sustaining the religious experience of Judaism and Christianity.⁶

⁵ Browning, "Preface to a Practical Theology of Aging," 165.

⁶ Browning, "A Preface to a Practical Theology of Aging," 164.

Theology and Pastoral Counseling

The thought of Don S. Browning relative to pastoral counseling as related to this study is that there is a place in the church for pastoral counseling of all kinds--counseling with the sick and bereaved, one to one counseling, group counseling--as long as they are placed firmly within the context of a community of moral inquiry. He comments that the minister has a clear duty to counsel the ill and dying, but he should first have helped create a community with a religiocultural view of the meaning of illness and death.⁷

Browning suggests that pastoral counseling must be founded on a context of moral meanings that is the province of practical theology. He defines practical theology as a branch of theology that attempts to state explicitly the ultimate grounds upon which we shall order the everyday moral meaning of our lives. The moral meaning of our lives as we have spoken with the aging participants in this study becomes evident as we consider their need as well as the need for a greater understanding by the community as to the meaning of illness and death.⁸

Browning describes practical theology as having a close relationship with theological ethics. He differentiates practical theology from fundamental theology, which he sees as attempting to explain the ultimate grounds and justifications

⁷ Browning, Moral Context of Pastoral Care, 109.

⁸ Browning, Moral Context of Pastoral Care, 109.

for the basic symbols of a particular religious tradition. He describes fundamental theology, in the case of Christianity, as consisting of the legitimation of the truth of such symbols as God, Christ, creation and salvation. He considers, practical theology as building on fundamental theology but continuing further, demonstrating the meaning of these basic symbols for the ordering of daily life. He distinguishes practical theology from pastoral theology which he pictured as attempting to set forth the legitimations for specific pastoral acts--the minister's preaching, liturgical duties, pastoral care and pastoral counseling. Browning sees practical theology as going beyond a theology of pastoral acts and setting forth a theology of practical living--a theology of work, business, sexuality, marriage, child-rearing, aging, youth, etc. He points out that practical theology in this sense of the word is the most neglected of any of the specialties of theology.'

The attempt in this dissertation is to explore the development of a practical theology of living as people age. The focus of this dissertation is centered on the Christian American. It is necessary to expand a practical theology of living for all Americans, regardless of their religious background.

Theological Reflection

The basic purpose of theological reflection is the

' Browning, The Moral Context of Pastoral Care, 109.

reflection of Christians upon the gospel in the light of their own circumstances. Much more attention is now being paid to how those circumstances shape the response to the gospel.¹⁰

The gospel response to the circumstances of the aged, their families and for those who care for them pastorally, professionally, and physically grows out of new situations where people are living longer, and social systems must adjust to meet unprecedented needs of the aging in American culture.

What is the gospel response to advanced aging? The aged are hungry for acceptance. The aged are thirsty for independence and as much freedom from pain and dependence as possible. People may have led very private lives as mid-life adults. An increase in physical disability for any person may reduce personal dignity and privacy. A woman who has been very modest in her adult life suddenly finds she must submit to being bathed and toileted by a stranger who may not even speak her language.

People who are institutionalized must submit to being dressed. Sick, or disabled, on gurneys or wheelchairs, after strokes or amputations, there is often sadness and depression. Institutionalized, or isolated and alone, they are imprisoned in their own persons.

Perhaps the gospel message of Jesus speaks of these conditions when He says,

¹⁰ Robert J. Schreiter, Constructing Local Theologies (Maryknoll, N.Y.: Orbis, 1985), 1.

"For I was hungry, and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." (Matt 25:35-36, NAB)

Theological reflection in ministry is the process of bringing to bear in the practical decisions of ministry the resources of Christian faith.¹¹ The Whiteheads proposed a method and a model for theological reflection in ministry. Their model and method might be used as an inspiration for creative and effective ministry with the aging and their families. They describe theological reflection in ministry as involving three sources of religiously relevant information--Christian tradition, the experience of the community of faith, and the resources of culture.¹²

Christian tradition represents the information we draw from both Scripture and from Church history concerning a specific pastoral concern. In this study, our concern is for the care of the aging and their families. Accordingly the goal in a ministerial reflection is not simply the clarification of historical understanding of a religious question, but a pastoral decision, a ministerial response to a contemporary situation.¹³

The Whiteheads discuss "Tradition" as pluriform and the

¹¹ James D. Whitehead and Evelyn Eaton Whitehead, Method in Ministry: Theological Reflection and Christian Ministry (New York: Seabury Press, 1980), 1.

¹² Whitehead and Whitehead, 13.

¹³ Whitehead and Whitehead, 14.

fact that the variety of expressions of belief within our tradition points to the ineffably diverse ways God is with us. They point out that

Historically, the Tradition has developed as the Christian Church interacted (with varying effectiveness and faithfulness) with different cultural contexts and challenges. Such historical pluriformity means that the Tradition is rich with different and differing responses to a single pastoral concern.... Different responses within Scripture, the Church Fathers medieval theology, and in twentieth century Christianity, guide the minister to a genuinely Christian resolution of the question.¹⁴

Historically there has been pastoral concern for the sick, the aged and the poor. At this time in American culture with the advances in medical technological sciences and a corresponding increase in longevity, there has been a need to address the concerns of the very old as well as their caregivers, who are also old.

The Whiteheads suggest a three-stage method of theological reflection in ministry.¹⁵ These are:

1. Attending: Seeking out information on a particular pastoral concern that is available in personal experience, Christian Tradition, and cultural sources.

2. Assertion: Engaging the information from these three sources in a process of mutual clarification and challenge in order to expand and deepen religious insight.

3. Decision: Moving from insight through decision to

¹⁴ Whitehead and Whitehead, 15.

¹⁵ Whitehead and Whitehead, 22.

concrete pastoral action.

In seeking out information on a particular pastoral concern that is available in personal experience, Christian decision, and cultural sources, this study has sought to collect data from older people on an individual basis. In engaging older people in these pastoral counseling interviews, this writer has been able to clarify issues around aging and to deepen religious insight as to the value and support experienced in self coping with problems of delimitation and disability.

This study has collected information from older persons that provides a background of personal experience relative to the ability to survive with the daily problems encountered by the aging and their caregivers. Many of the participants have lived in some form of Christian Tradition. Culturally they are American, having chosen to retire in Southern California.

What is the local theology of the peoples living in the communities studied, regarding their aging? Those seen, including spouses, ranged in age from fifty-five to one hundred and two years of age. The participants were of different ethnic groups and there were representatives from the different Christian denominations.

Schreiter suggests that different factors can be seen as roots feeding the development and growth of a local theology which must interact to produce the full and living reality.

In attending, in theological reflection, as described by

the Whiteheads, inquiry as to the local theology would encompass understanding of local experience regarding the gospel, church and culture.

According to Schreiter, the three principal roots beneath growth of local theology are gospel, church and culture.¹⁶ He defines these as follows:

"Gospel" here, means the Good News of Jesus Christ and the salvation that God has wrought through him. This includes and reached beyond the proclamation of the scriptures. This includes the worshipping context of the local community and the presence of the Lord there. It includes those aspects of the praxis of the community announcing the Good News.... The Gospel is always incarnate, incarnate in the reality of those who bring it to us, and incarnate in those who help us nurture the beginnings of faith. Church is a complex of those cultural patterns in which the gospel has taken on flesh, at once enmeshed in the local situation extending through communities in our own time and in the past, reaching out to the eschatological realization of the fullness of God's reign....

Culture is the concrete context in which this happens. It represents a way of life for a given time and place, replete with values, symbols, and meanings, reaching out with hopes and dreams often struggling for a better world. Without a sensitivity to the cultural context, a church and its theology either become vehicle for outside domination or lapse into docetism, as though its Lord never became flesh.¹⁷

How can we reflect on the light of the Gospel as we consider the plight of those who are sixty-five years and older, when they must begin to live with the ravages of age and experience disabilities? This is difficult in America, where we are so conscious of age, and try so hard to hide the

¹⁶ Schreiter, 20-21.

¹⁷ Schreiter, 1.

effects of aging. How is this handled in local communities? What is the local theology of the communities studied as reflected by the care of the aging in the light of the Gospel command to love? How does the aging person feel about aging, can he or she continue to love this aging self and the neighbor as well? Love thy neighbor as thy self, is difficult, when we, the self, are sick, alone and friendless.

In ministry with the aging, the discussion of aging and death in American culture is usually put off until the person is hospitalized or is unable to manage personal care. One of the great fears of older persons is to be put away or to have to give up all of one's personal belongings and submit to the care of a stranger. It is very hard for older people to admit this fear. It is particularly hard for Christians, reflecting on the good news of the gospel, to admit this fear.

A woman expressing such a fear found it difficult to fight off a depression. She was ninety-three years old, a widow of a minister. Their marriage had lasted over sixty-five years. She had been left with a home free and clear. Her adult children had taken a mortgage out on it, ostensibly to pay for her care. Bewildered, frightened, she was eventually moved into a board and care situation. Lucid, able to share her thinking, she would never accuse relatives whom she trusted. Her living situation was no longer in her control. The need for compassion and pastoral care seemed evident.

What is the local theology of the communities studied? Basically, for the purpose of this study, the communities were ecumenical, were of mixed races, and were of American culture residing in Southern California, specifically in the counties of Los Angeles, Orange, and San Bernardino. There are many factors influencing the theology of aging in these communities.

American culture has the tendency to deny aging and the approach of death. The unspoken fear among older people seems to be that of being no longer in control and helpless in the management of their personal affairs. That period in American life when one must submit to the care of strangers and possible placement in an institution has been captured by M. Scott Peck, in his novel, A Bed by the Window. Life does go on for the institutionalized. A new life adjustment must be made in all of the areas of a person's life.

This is a time dreaded by adult children who must make the decision to place parents and relatives in care situations. This is a time when there is loss in the control of life management by those who become dependent.¹⁸ Thus, the focus of theology on providing interpretations of life and human destiny might develop awareness in faith communities as to the need to confront aging as a part of living rather than continual denial of the aging process as practiced by American

¹⁸ M. Scott Peck, A Bed by the Window: A Novel of Mystery and Redemption (New York: Bantam Books, 1990).

society.

K. Brynolf Lyon proposed a theological interpretation of aging.¹⁹ He suggested that the Christian community has something important to say, grounded in its own identity as a community, both to itself and to the broader world about the meaning of human fulfillment in aging. One of his premises is that our reflection on most of the issues we face in pastoral care participates in a history of theological reflection on those issues.

The Influence of Other Theologians

There are many theologians who have influenced the writing of this dissertation. As this study relates to aging and Christian culture, two theologians were consulted primarily because of their interests in these issues. H. Richard Niebuhr has considered Christ and culture and has written about Christian moral philosophy. Henri J. M. Nouwen has shared his thinking on aging and creative ministry. As this study is written to enable those in ministry with the aging to grow in awareness of the need for compassion and personal self awareness, the thoughts of these theologians were inspirational regarding these issues. H. Richard Niebuhr was interested in the responsible self. This study carries on with the thought of Niebuhr as it relates to aging in 1996. Responsible selves take on new meaning as the life span

¹⁹ K. Brynolf Lyon, Toward a Practical Theology of Aging, ed. Don S. Browning (Philadelphia: Fortress Press, 1985).

increases and requires the development of special services to handle new life situations for generations of persons over 65 years of age.

Reflecting on the action and nature of God as we age and begin to see increasing limitations after retirement, the thesis of this study is that there is an association between our ability to survive and our religious faith. Our faith is expressed in our beliefs, attitudes and behaviors.

Theology is reflection on the action and nature of God; ethics is reflection on the response of man to the action and nature of God....for the moral life of the Christian community is response to God, the Creator, the Governor, and the Redeemer.... The responsible self is related to the action of God, the Father, the Son, and the Holy Spirit, God the Father of our Lord Jesus Christ.²⁰

The action and nature of God as we reflect on the needs of new groups of older people requires that there be response by faith communities. Local communities of faith are in the process of developing ministries of visitation to the sick and the elderly. The awareness of the plight of the elderly, particularly those who are institutionalized, is heightened when brought to the consciousness of relatives and members of faith communities. As the gospel message is presented to the Christian community relative to the aged, the response to God the Creator, the Governor, and the Redeemer is acted on by the action of God the Father, the Son and the Holy Spirit.

²⁰ H. Richard Niebuhr, The Responsible Self: An Essay in Christian Moral Philosophy (New York: Harper and Row, 1963) 40.

[T]he life of faith and the life of thought were more closely integrated.... God is not our Creator, Governor, and Redeemer because the Bible suggests this to us; rather what one finds in the life of the Biblical people is what one finds in the life of faith in the present.²¹

In the life of people today one finds concern for the increasing number of aged. In biblical people such as Simeon and Anna in the Gospel according to Luke, prayer and worship occupied their lives. They seemed to cope with their aging by their involvement in the temple, with prayer, and service to others.

Moral action as human action in response to the governing of God upon us. The most pervasive form in which God acts as our governor is in the human experience of limitation, of finitude. Our finiteness is brought to our consciousness by our confrontation with other beings who limit us, or make us aware of our limits.²²

Older adults with increasing limitations become very conscious of these changes and aware of finitude and the limits placed on their mobility. The limitations of the aged are opportunities for others to respond in the life of faith, in the present, to the elderly. Moral action might then be the human action described by Niebuhr as the response to the limitations experienced by older adults by the governing of God upon others who care for them, as well as upon the aged.

The older adult, a part of the culture of America, is bound to live in the historical context of the country. It is

²¹ Niebuhr, Responsible Self, 28.

²² Niebuhr, Responsible Self, 32.

therefore important to be aware of the attitudes of American society about the aged and the aged about themselves. Niebuhr recognized to some extent (in his analysis of the various attitudes that the Christians may take up toward society, ranging from hostile rejection of cultural influences to something like a complete accommodation to them), that in some ways religious attitudes are always conditioned by the historical society in which they are held.²³ If younger generations lack respect for older adults or discredit them, it then becomes very difficult to discuss or share intimate feelings about faith and life in the present. Yet given the opportunity to share in a context of faith, the older person can share life stories which may be helpful to others in their life journey.

The older adult Christian has a history of relations to Christ; they remember their denials and mistaken interpretations of Christ's words. The Christian is a member of a company which has a history of relations to them and to Christ.²⁴ This assurance and conviction of many older adults may be the source of their strength in the crisis and demand for life changes experienced as older adults. Older people in this study shared life experiences where their feelings of relations with Christ were the moments of sustenance which

²³ John Macquarrie, Twentieth-Century Religious Thought: The Frontiers of Philosophy and Theology, 1900-1980 (London: SCM Press, 1981), 348.

²⁴ Niebuhr, Christ and Culture, 248.

built up their ability to endure some of the difficulties of advanced age.

The idea of being contemporary with the age in which one lives, and then with one thing more, is reflected in Niebuhr's thoughts.

With Christ's life on earth; for Christ's life on earth, sacred history, stands for itself alone outside history. We are contemporary with people who in their thoughts and actions represent the human race; we are contemporary with mankind in its history, to which the physically dead belong as truly as the biologically existent.²⁵

The New Testament speaks to the gospel of eternal life. Niebuhr's thoughts seem to indicate that for all Christians there is a relationship in Christ with all whom we encounter.

We are contemporary with the Church, the company of all Christ's contemporaries. And then we are contemporary with one thing more: with the absolute, the God of Abraham, Isaac, and Jacob, of the living rather than the dead, the one who in Christ binds all times together, God-in-Christ and Christ-in-God, whom we remember and expect even as we meet him in the least of our brothers.²⁶

The aged person--often without family, who may be a widow or widower, who is incapacitated--might be viewed as the "least of our brethren." Many descriptions of the those considered as the least of our brethren have related to the poor. The aged person may be poor in spirit because of abandonment, alienation, and isolation. In this sense the stripping of the aged person down to the inability to care for personal needs

²⁵ Niebuhr, Christ and Culture, 248-49.

²⁶ Niebuhr, Christ and Culture, 248-49.

or to make decisions about personal care and control of financial responsibilities, reduces the individual to complete dependence on others which qualifies consideration of them as the least of our brethren. The person described despite delimitation is a part of the church and the company of all Christ's contemporaries. They are contemporary also with the absolute, the God of Abraham, Isaac, and Jacob. Christ binds all times together.

The understanding of Christians of themselves was described by Niebuhr as he spoke of the personal existence of Christ. He saw Christ as the perfect man, the moral emergent, the revealer in word and conduct of the ideal. He was the savior who set faltering, stumbling, guilty men back on their feet; he gave the hope of victory to those who despaired because of their many defeats. His work with Simon Peter was an example. He not only gave an example to the life of the human spirit; he rescued that spirit from death, resurrecting it, healing it and continued in his priestly work to do so.²⁷

The hope that Christ gives to all by his resurrection inspires the least of the brethren to hold on to their faith without despair. Faith and trust are the important issues for the aged as they face continued limitations. The questions some might have as to the presence and power of God as they struggle are raised by Niebuhr when he says:

²⁷ Niebuhr, Responsible Self, 174.

What we cannot believe as personally existent selves is, that this One beyond the many, this power present in all powers, this reason present in all reasons, this idea inclusive of all ideas, this nature behind and through all natures, this environment environing all our environments, is beneficent toward what proceeds from it, or to what it encloses.²⁸

Niebuhr's response for Christians was that Jesus Christ appears not only as the symbol of an ethos in which the ultimate response to the inscrutable in all things is one of trust. He turns their reasoning around so that they do not begin with the premise of God's indifference but of his affirmation of the person, so that the Gestalt which they bring to their experiences of suffering is the symbolic form of grace.²⁹

Niebuhr's theological thinking held together and in tension a powerful insistence upon the sovereignty of God, and inquiry into the texture of human personal and corporate experience. He utilized the work of philosophical, sociological, and psychological interpreters of human experience.³⁰ His work raised the issues of the experiences of the aged in terms of the developmental theories put forward by Erik Erikson and others. Five major themes emerge from Niebuhr's theology which are of importance for pastoral and

²⁸ Niebuhr, Responsible Self, 175.

²⁹ Niebuhr, Responsible Self, 175-76.

³⁰ James W. Fowler, "Niebuhr, H. Richard," in Dictionary of Pastoral Care and Counseling, ed. Rodney J. Hunter (Nashville: Abingdon, 1990), 793.

practical theology.

1. The effort to characterize, through metaphor and imagery, the action and being of God as the fundamental reality in the processes of nature and history, and therefore, in human personal and corporate experience.

2. The development of a theological anthropology focused on human interpretation of and responsiveness to the totality of action impinging upon us, and centering in faith as a dynamic relation of trust in and loyalty to those causes that have "God-value" for us.

3. A view of revelation as the experience of "paradigm shift"--the dissolution of one set of images by which to interpret and respond in life, and the appropriation of the gift of new images through which unity, grace and meaning derive from God's reality and power.

4. A view of the church as a community of interpretation grounded in a normative story, called to grow in faithful union with the story that comes to expression in Jesus' proclamation of the inbreaking and already actual Kingdom of God.

5. A rich set of typologies for sorting out various patterns in the church's responses to and engagement of culture, and for characterizing various patterns of personality integration in relation to a center or centers of value and power.³¹

³¹ Fowler, "Niebuhr, H. Richard," 793.

The human personal experiences of the participants in this study, as they reminisced about images which surfaced from their past, were in many cases illustrative of the five major themes stressed by Niebuhr as he considered the power of Christ and culture and the action of God as Creator, Governor and Redeemer. Niebuhr points out that the thing of being a Christian is not determined by the what of Christianity, but the how of the Christian. This how is faith. A Christian is a Christian by faith; faith is something very different from all acceptance of doctrine and all inner experience.³²

It follows then that reading Niebuhr helps one to understand the quiet response of older adults of Christian American backgrounds with regard to their faith, which is a source of support for them.

Henri J. M. Nouwen's work on aging as the fulfillment of life was a special influence in the writing of this dissertation. He describes an old wagon wheel which is leaning against a birch tree on the snow, and compares this with the story of life. His thought helps us to reflect on the letter reprinted earlier in Chapter 1, where an old woman asks "Is Anybody Listening." Nouwen speaks of aging as the gradual fulfillment of the life cycle in which receiving matures in giving and living makes dying worthwhile. Nouwen influences us in the writing of this study as he describes life processes.

³² Niebuhr, Christ and Culture, 242.

Entering into the world we are what we are given, and for many years thereafter parents and grandparents, brothers and sisters, friends and lovers keep giving to us--some more, some less, some hesitantly, some generously.... We sense that to fulfill our life we are called to become parents and grandparents, brothers and sisters, teachers, friends and lovers ourselves so that when we leave this world we can be what we have given.³³

The idea of the passion of Christ is expressed by Nouwen as he shared a personal story of a friend dying of cancer. Nouwen's friend had been lying in bed unable to do anything. He had had a very active life doing things for other people. His plea was that he be helped to think in a new way so that he would not be driven to despair. He asked for help to understand what it meant that now all sorts of people were doing things to him over which he had no control. Nouwen responded by looking at the experience of Jesus. After an active life, he was to suffer the passion. Things were done to him over which he had no control. He was the recipient of other people's initiatives.³⁴ This kind of comparison with the passion of Christ is similar to what older adults might experience as their passion, when they no longer can take care of themselves and are handled by others.

Nouwen speaks of the agony of a God who depends on us for how God is going to live out the divine presence among us. It is the agony of the God who, in a very mysterious way, allows

³³ Henri Nouwen, "The Human Journey: Aging and Dying," in Seeds of Hope: A Henri Nouwen Reader, ed. Robert Durbach (New York: Bantam, 1989), 128-29.

³⁴ Nouwen, "Human Journey," 138-41.

us to decide how God will be God. Here we glimpse the mystery of God's incarnation. God became human so that we could act upon God and God could be the recipient of our responses. God is revealed in Jesus as the one who waits for our response.

Jesus waited during his passion. His resurrection offers eternal life.

As pastoral counselors our presence indicates we are reflecting the context of the Christian community for those we visit. We need therefore to be conscious of the passion some of the aged might feel. Nouwen suggests that to demonstrate our caring we must offer one's vulnerable self to others as a source of healing. To care for the aging, therefore, means first of all to enter into close contact with your own aging self, to sense your own time, and to experience the movements of your own life cycle. From this aging self, healing can come forth and others can be invited to cast off the paralyzing fear for their future.³⁵

Some older people have expressed feelings that they are in the "waiting room" and ready for their call.

³⁵ Nouwen, "Human Journey," 131.

CHAPTER 3

Review of Relevant Research on Aging

Religion in Holistic Care

The objectives of this chapter are (1) to emphasize the importance of the inclusion of religion as a variable in the holistic care of the older American, (2) to give an overview of gerontological and developmental theories pertinent to the aged and religion, and (3) to review relevant research in medicine associated with religion and aging.

Gerontology and Religion

Investigators have raised the issue that very little attention is given to religion and spirituality in gerontological and geriatric education because of biases against religion.¹ In addition, most textbooks ignore the subject and treat the church as an insignificant portion of the service network.

Recent Gallup polls have shown that among people over age 65 more than 80 percent consider religion to be an important influence in their lives, and nearly 50 percent attend church at least weekly. These surveys indicate the importance of religion in the contemporary religious scene.²

Despite the proportion of American citizens practicing the absence of God, and the growth of secularism in its scope and in the power of its hold on our society under the conditions

¹ David O. Moberg, "Spiritual Maturity and Wholeness in Later Years," in Spiritual Maturity in the Later Years, ed. James J. Seeber (New York: Haworth Press, 1990), 7.

² Koenig, Smiley, and Gonzalez, 2.

of modernization, evidence disputes these ideas. Religion is proving to be a more tenacious element in our national life than many have supposed. Religion is not proving to be an undifferentiated sentiment or merely a tradition to which we cling; instead, it is something of an aggressive, attracting force.³ In a secular and pluralist society, religion is playing and will play surprisingly strong private, spiritual, and public roles. It runs counter to a simpler secularization theory that predominated during the years when the myth of progress, with its faith in democracy, science, and technology held sway.⁴

Specializing in the aging of human and other organisms but with different purposes and emphases, both gerontology and geriatrics cross disciplinary lines, involving the study, findings, and applications of many diversified sciences, occupations, and professions. However, there is still an unfortunate tendency to define gerontology and geriatrics (or to give undue emphasis in each case) in terms of medical and biological aspects.⁵

³ Samuel S. Hill, "Religion and Region in America," in Religion in America Today, ed. Wade Clark Roof, *Annals of the American Academy of Political and Social Science*, vol. 480 (Beverly Hills: Sage Publications, 1985), 133.

⁴ Martin E. Marty, "Transpositions: American Religion in the 1980s," in Religion in America Today, ed. Wade Clark Roof, *Annals of American Academy of Political and Social Science*, vol. 480 (Beverly Hills: Sage Publications, 1985), 18.

⁵ Milton L. Barron, The Aging American: An Introduction to Social Gerontology and Geriatrics (New York: Thomas Crowell, 1961), 11-19.

The neglect of religion and spirituality in gerontology has many causes. Investigators find that these causes develop from: (1) the tremendous range of ideologies and practices in our pluralistic society; (2) the lack of funds for scholarly research because of policies in foundations and governmental agencies; (3) the erroneous allegation that secularization is inevitable and will make religion obsolete; and (4) interpretations of American constitutional provisions for religious liberty and separation of church and state that squeeze religion out of public agencies and services.⁶

Psychological and Developmental Theories

It is to be noted that the various sciences have contributed to our understanding of aging processes. Biologists consider the physical process. Psychologists explore our abilities and the way we process information, while social scientists look at roles and various statuses of older persons.⁷

Religion as a variable in the holistic care of the older American is important in the area of social psychology which is concerned with concepts such as beliefs, attitudes, values and norms.⁸ The consequences of religiosity are described by

⁶ Moberg, "Spiritual Maturity and Wholeness," 8.

⁷ James E. Birren, "The Process of Aging: Growing Up and Growing Old," in Our Aging Society: Paradox and Promise, eds. Alan Pifer and Lydia Bronte (New York: Norton, 1986), 264.

⁸ Benjamin Beit-Hallahmi, "Psychology of Religion (Empirical Studies, Methods, and Problems)," in Dictionary of Pastoral Care and Counseling, ed. Rodney J. Hunter (Nashville:

Glock in five dimensions: ideological, covering religious beliefs; (2) intellectual, covering religious knowledge; (3) ritualistic, covering participation in religious rituals; (4) experiential, covering intense religious experiences; and (5) consequential, covering the consequences of religiosity in non-religious activities.'

Predictions within the framework for the social-psychological basis for religion, contend that religious belief, experience, and behavior are a function of the causal attributions or interpretations people make under various conditions. These seem to occur because of the characteristics of situation and the tendencies of people to perceive and act in patterned ways.... The role of cognitive dissonance, with its stress on inconsistencies among attitudes, expectations, environmental events, and behavior has also been examined.... To date, however, little programmatic research using these ideas has been undertaken.¹⁰

The consideration of the religious behaviors, attitudes and beliefs of older Americans is important as these may be associated with the well-being and quality of life currently experienced by this segment of the population and for planning with and for the projected increased numbers of older people in the coming decades.

It has been noted that gerontology is neither a field nor a profession; it is a specialty within innumerable fields and

Abingdon Press, 1990), 1006.

⁹ C. Y. Glock, "On the Study of Religious Commitment," Religious Education 57 (1962): 98-109, quoted in Benjamin Beit-Hallahmi, "Psychology of Religion," 1005-07.

¹⁰ Bernard Spilka, "Psychology of Religion," in Dictionary of Pastoral Care and Counseling, ed. Rodney J. Hunter (Nashville: Abingdon Press, 1990), 1003.

professions. A gerontologist can be a social scientist, a physician, a psychotherapist, a lawyer, a recreation specialist, an economist, a biologist, a senior center director, an architect. The list is endless.¹¹

One investigator describes an analytic framework for the study of aging as the "gerontological imagination." The gerontological imagination is an awareness of the process of human aging that enables one to understand the scientific contributions of a variety of researchers studying aging. In addition, this awareness allows people (not just gerontology scholars) to comprehend the links between biological, behavioral, and social structure factors that influence human aging.¹² Religion is part of American social structure.

A consideration of psycho-social development in the human organism, according to Erik Erikson, rests on the assumption that the human being's existence depends at every moment on three processes of organization that must complement each other. There are, in whatever order: the biological process of the hierarchic organization of organ systems constituting a body (soma); the psychic process organizing individual experience by ego synthesis (psyche); and the communal process of the cultural organization of the interdependence of persons

¹¹ Richard A. Kalish, ed., introduction to The Later Years: Social Applications of Gerontology (Monterey, Calif: Brooks/Cole Publ., 1977), v.

¹² See Kenneth F. Ferraro, "The Gerontological Imagination," in Gerontology: Perspectives and Issues, ed. Kenneth F. Ferraro (New York: Springer, 1990), 4-5.

(ethos).¹³

Psychosocial development consists of some aspects of both psychosexual and ego development. Together psychosocial and ego development focus on the individual's interaction with the social environment and on social role identity and performance.¹⁴

Erik Erikson's theory of the life cycle posits eight developmental stages from infancy to old age. The eight stages and their central development conflicts are: basic trust vs. basic mistrust (infancy), autonomy vs. shame and doubt (early childhood), initiative vs. guilt (play age), industry vs. inferiority (school age), identity vs. identity confusion (adolescence), intimacy vs. isolation (young adulthood), generativity vs. stagnation (adulthood), and integrity vs. despair (mature adulthood).¹⁵

The life cycle concept considers the life of the individual as a series of successive psychosocial stages. Each stage of the life cycle has its characteristic development tasks.¹⁶

In addition to its value as a conception of the stages of

¹³ Erikson, Life Cycle Completed, 25.

¹⁴ Mary Jo Meadow, "Psychosocial Development," in Dictionary of Pastoral Care and Counseling, ed. Rodney J. Hunter (Nashville: Abingdon Press, 1990), 1018.

¹⁵ See Donald Capps, "Life Cycle Theory and Pastoral Care," in Dictionary of Pastoral Care and Counseling, ed. Rodney J. Hunter (Nashville: Abingdon Pres, 1990), 648.

¹⁶ Sullender, "Life Cycle Concept," 648.

life, Erikson's life cycle theory has also been used as a diagnostic instrument, both at the personal and institutional level. Various authors have recommended the use of theological and biblical themes for diagnostic purposes. These authors include Seward Hiltner, P. W. Pruyser, and W. B. Oglesby, Jr.¹⁷ Capps proposed that Pruyser's theological themes and Erikson's psychosocial themes have sufficient similarities, dynamically speaking, and they may be correlated in the following manner: trust and mistrust with providence, autonomy vs. shame and doubt with grace or gratefulness, initiative vs. guilt with repentance, industry vs. inferiority with vocation, identity vs. identity confusion with faith, intimacy vs. isolation with communion, generativity vs. stagnation with vocation, and integrity vs. despair with an awareness of the holy.¹⁸

Jean Piaget and Erik Erikson pioneered the concept of life stages. Lawrence Kohlberg utilized their theories as a basis for his definition of the stages of moral development. James W. Fowler, David Erb, John H. Westerhoff and Gwen Neville, and others expand the concept to suggest stages of faith development.¹⁹

¹⁷ Hiltner, Theological Dynamics; Pruyser, The Minister as Diagnostician; and W. B. Oglesby, Jr., Biblical Themes for Pastoral Care (Nashville: Abingdon, 1980), quoted in Donald Capps, "Life Cycle Theory and Pastoral Care," 648-51.

¹⁸ Capps, 649-50.

¹⁹ Stokes and Bruning, 47.

Awareness of life cycle transitions with respect to the impact of religion may prove helpful to those who minister to and with the aged and their families.

Review of Relevant Research in Medicine

This dissertation builds upon the research suggestions of Harold G. Koenig, of Duke University Medical Center, Center for the Study of Aging and Human Development. It was suggested that ministers with special training in pastoral counseling might be in an important position to provide personal counseling to religiously oriented older adults with complex psychosocial needs and concerns.²⁰

During times of physical and emotional illness, particularly hospitalization, religion may be used as a means of coping with the stress that accompanies these conditions. It was noted that, in general, nonsectarian hospitals have found that about 50 percent of patients say they have spiritual needs. A gap in religious orientation between health care providers and patients could hinder recognition of and proper care for spiritual needs in a hospital setting.²¹

Awareness of the spiritual needs of the religious and clerical elderly Americans is important for caregivers. A study of older women religious suggests that strongly held

²⁰ Koenig, Smiley, and Gonzales, 154-55.

²¹ Harold G. Koenig, Margot Hover, Lucille B. Bearon, and James L. Travis, III, "Religious Preferences of Doctors, Nurses, Patients and Families," Journal of Pastoral Care 45 (1991): 254.

religious values aid the elderly nun as she ages, and that her responses are different from her age mates (non-nuns).²²

Much knowledge about the religious characteristics of older adults in the United States comes from national surveys by the Gallup organization and its Princeton Religion Research Center. Despite good data to support a high frequency of religious behaviors and high levels of conventional religious beliefs in samples of older Americans as a whole, there is little information on their prevalence among older medical patients or on the relationship between these religious factors and physical or mental health.²³

A noted sociologist raises questions about relevant research and American culture: Are we socialized or programmed to be busy activists until deteriorating bodies force us to slow down? Is there within each person a longing for reconciliation with deity and a desire for unity with God that is squelched by the pressures of life during youth and middle age but released by freedom from social constraints in late life? David Moberg suggests careful research to test these and other plausible hypotheses, as well as personal reflection, conversations with mature adults, and

²² James N. Kvale, Harold G. Koenig, Carolyn Ferrel, and Helen Reisch Moore, "Life Satisfaction of the Aging Woman Religious," Journal of Religion and Aging 5, no. 4 (1989): 59-71.

²³ Harold G. Koenig, David D. Moberg, and James N. Kvale, "Religious Activities and Attitudes of Older Adults in a Geriatric Assessment Clinic," Journal of American Geriatrics Society 36 (1988): 362-74.

interdisciplinary sharing of perspectives from various theological and philosophical world views.²⁴

Recent studies indicate that research directed at the epidemiology of physical illness, and the psychosocial and cultural characteristics of elderly patients, is only in its infancy. Religion is a cultural force that may affect beliefs about health and influence help-seeking behavior among older adults. Little, however, is known concerning religious beliefs or practices among geriatric patients or the extent to which these have an impact upon mental and physical health.²⁵

Recent research on religious and non-religious coping in later life to adapt or cope with life situations indicates clinical implications for a wide variety of professionals who counsel older adults. The large numbers of older adults who employ religious behavior in coping with stressful life-events calls for further study of the effectiveness of this behavior. Further research is needed into this complex, provocative, and virtually unexplored psychosocial-cultural phenomenon.²⁶

It has been noted that the stability of the adult personality characterizes the second half of life, and that

²⁴ David D. Moberg, "Religion and Aging," in Gerontology: Perspectives and Issues, ed. Kenneth F. Ferraro (New York: Springer, 1990), 184-85.

²⁵ Koenig, Moberg and Kvale, 362.

²⁶ Harold G. Koenig, Ilene C. Siegler, and Linda K. George, "Religious and Non-Religious Coping: Impact on Adaptation in Later Life," Journal of Religion and Aging 5, no. 4 (1989): 73-92.

there is a shift in focus from extroversion to introversion. A shift toward an interior focus lends itself to a more spiritual outlook in the later years. "It was recommended that there be more empirical studies on the interior life of older adults."²⁷

²⁷ James E. Birren, "Spiritual Maturity in Psychological Development," in Spiritual Maturity in the Later Years, ed. James J. Seeber (New York: Haworth Press, 1990), 42.

CHAPTER 4

Methodology

The purpose of this chapter is to describe the methodology employed to examine the data collected by the study. The chapter will review the following:

1. The selection of the sample.
2. The design of the study.
3. The collection of data.
4. The plan for analysis of the data.

Sample Selection

The subjects for this study were a sample of adult men and women living in three counties of Southern California: Los Angeles, Orange and San Bernardino counties. The members of the sample represented different ethnic-racial backgrounds, religious affiliations, and socio-economic groups.

The sample was divided into a control group of veterans and their spouses and a group of persons from the general population. There was non-random and random selection of participants.

Participants in the non-random samples were selected from various groups of older adults. Four major groups were studied.

1. Retirement community residents living at the Claremont Manor, with persons from a variety of religious and non-religious backgrounds.

2. Volunteers from Pilgrim Place, Claremont, who had

been church or retired missionaries with over twenty years service.

3. Volunteers from Emerson Village, Pomona, California, a senior retirement housing residence.

4. Individuals in senior church groups, such as the "Young in Hearts" of St. Norbert's Parish in Orange County, and the parishioners of various churches, such as the Macedonia Baptist Church in Pomona, and Our Lady of the Assumption Parish in Claremont. Individuals were also referred by other participants.

A random sample was selected from the caseload of the out-patients of the Jerry L. Pettis Memorial Veterans' Hospital of Loma Linda, California. (See Appendix F.) Veterans and their spouses and caregivers were selected because they represent a broad spectrum of older Americans. Some served as officers, while others served in various ranks in all branches of the military. Most of these older veterans served in World War II and the subsequent American war involvements. This random sample was used as a balance or control group with a medical setting as background. With the cooperation of the special physician directed rehabilitation medicine program, patients who were part of the hospital based care management program could share feelings about their aging and whether their religious beliefs helped them to cope with their illnesses.

The acquisition of sample participants was conducted as

follows:

1. Personal interviews with responsible staff members of the agencies, churches, and organizations serving older adults, were obtained prior to initial contact with residents. With the approval of the institutions, publicity regarding the study was disseminated to the residents.

2. Referrals were received from people who became aware of the study. They referred persons who were then contacted by the researcher. Upon agreement, appointments were set for home visitations.

3. After greetings and introductions, an explanation of the interview process was given. Permission was requested to record their comments and the responses to the questions. The purpose of the study and the importance of their individual participation was expressed. Confidentiality was discussed and assured.

Sample Categories

Six sample categories were formed according to age and gender:

<u>Category</u>	<u>Gender</u>	<u>Age</u>
A	Women	55-70
B	Women	71-80
C	Women	81-100 plus
D	Men	55-70
E	Men	71-80
F	Men	81-100 plus

During the study people were asked their ages as a part of the interview process. These two independent variables, gender and age, will be used for quantitative analysis procedures.

Instrument and Design

General Description of Questionnaires

Questionnaires were needed for the survey of older people, regarding health and religion. This led to the design and the construction of instruments which were relevant to the religious beliefs and activities of older Americans. One of these instruments is the Springfield Religiosity Schedule. (See Appendix F.) The second instrument used is a modified version of the Philadelphia Geriatric Center Morale Scale. (See Appendix F.) These instruments were questionnaires which were developed by and which are used with the permission of Harold G. Koenig. (See Appendix D.)

The Springfield Religiosity Schedule¹

This questionnaire was based on the Judeo-Christian religious traditions. The questions related to the four major dimensions of belief, ritual, experience, and knowledge. Included also were the communal aspects of religion, spiritual well-being, and intrinsic religiosity.²

The thirty-four questions enabled the respondent to reflect on dimensions of belief, some of the social aspects of

¹ Koenig, Smiley, and Gonzales, 171.

² Koenig, Smiley, and Gonzales, 172-74.

religion, and to consider some of their private nonorganizational religious activities. The questions enabled the respondents to look at their own personal experience and to examine whether their religion had helped them to cope with tensions. A question about the prophets tested their religious knowledge of the Bible.

Modified Philadelphia Geriatric Center Morale Scale³

Quality of Life Survey

Participants were asked to consider twenty-six items and to express their level of agreement or disagreement with the item by checking one of the four categories presented: "Strongly agree," "Agree," "Disagree," or "Strongly Disagree." Categories were assigned from "1" to "4." Seventeen of the items measure aspects of agitation, attitudes towards aging, loneliness, and dissatisfaction. Other items mention the management of tension and financial status and perceived state of health.⁴

Questionnaire Validity and Reliability Issues

The questionnaires have been used in previous geriatric studies. The Springfield Religiosity Schedule was tested in Springfield, Illinois, where it was mailed to a complete list of all the ministers, priests and rabbis. Respondents represented eighteen Christian denominations and two Jewish traditions. Reliability was tested by computing Cronbach's

³ Kvale, Koenig, Ferrel, and Moore, 61-70.

⁴ Kvale, Koenig, Ferrel, and Moore, 61-62.

alpha for the data obtained from surveying a sample of 836 community dwelling older adults.⁵ Cronbach's alpha for different parts of the schedule were .61 for the organizational religious activity index, .63 for the nonorganizational religious activity index, and mean scores obtained from three groups of community dwelling older persons were compared with those of the pastor group (N=87) and those of retired nuns (N=183). This comparison revealed the scores were uniformly highest for the religious groups, thus providing further validity to the Springfield Religiosity Schedule. Test-retest reliability was also established.⁶

Both questionnaires were used in each interview with participants. On completion of the questionnaires, there was opportunity for the participant to share feelings about the experience. As a part of the process, participants were invited to connect some of the thoughts about the process with some of the reminiscences they had about how they had coped with tension issues in their lives. They were asked to consider whether their personal religious beliefs had sustained them and helped them to cope or not to cope with personal issues. They were asked how they felt about aging and whether it had imposed limitations for them. Individuals expressed grief and pain at the loss of loved ones. Some missed the years prior to retirement. Some addressed the loss

⁵ Koenig, Smiley, and Gonzales, 175-76.

⁶ Koenig, Smiley, and Gonzales, 176.

of their homes and old friends. Others were separated from children and grandchildren. During the interviews, there was often opportunity to offer supportive counseling to participants as they dealt with issues of unspoken grief and losses which surfaced as they reviewed their lives.

The short, simple questions presented by the questionnaires were non-threatening but thought provocative. There were sixty questions. The length of time of the interviews varied between an hour and an hour and a half, which depended upon whether more than one person was seen.

Design of the Study

The study was designed to interview and ascertain from older adults their feelings and thoughts about personal aging. These older adults were asked whether their religious beliefs, attitudes and practices had helped them to cope with the changes in their lives due to aging.

Questionnaires were used to facilitate discussion. The Quality of Life questionnaire was used initially to open the interview. This questionnaire looked at personal anxieties of aging people, such as: "Things keep getting worse as I get older." It examined feelings about tension with family and friends. These general kinds of personal questions seemed to encourage openness and the desire to share thoughts and feelings.

The attitudes expressed about religious beliefs and practices as an aid to coping with the problems of aging

seemed to be sincere and honest. The design of the study involved the use of the questionnaires as catalysts to help people feel comfortable in sharing deep feelings, some of which were personal and difficult to share regarding their sense of spirituality and inner faith. Some people had no family or friends. Some could no longer attend their churches. This study involved visiting people in their own homes or in the institutions where they resided. Nonorganizational items were essential in helping people examine their concepts of personal religious attitudes.

One hundred and two persons were interviewed on a person to person basis. Couples were interviewed together or singly, as preferred.

Process of Collection of Data

Each participant at the time of the interview was introduced to the study and presented with a copy of the two questionnaires to be used. A separate recording form had been developed by the investigator, on which the participants comments were coded. The participant could follow the recording form which also indicated the date and the number of persons (i.e., husband and wife) noted on the form. Participants were asked if they would consent to audio tape recording. They were advised of the confidentiality with which information would be handled. Each group or institution was separately filed.

Method for Analysis of Data

Mean values relative to age, income and health are compared between the control group and the general population. Answers to survey questions relating to individual belief that prayer helps in coping with the problems of aging are compared between the control group and the general population.

The influence of gender, age, and income are considered as these impact the lives of those coping with the problems of aging. Also considered is the interaction of the religious theme and the quality of life theme. The independent variables are age and gender, while the dependent variables are the religious and quality of life themes.

Selected excerpts of interviews illustrative of the feelings of some of the participants are included as part of the analysis and conclusions. Criteria for interview selection was based on the numbers of persons seen, their age and gender, and percentages of the various populations studied, i.e., ethnic, socio-economic, and religious denominations. Six participants from the special age and gender categories were selected from the total population studied.

Each person interviewed in the total sample presented a unique personal story about their life relative to their current quality of life and religious beliefs. This study endeavors to capture some of the uniqueness of individuals in the selected interview excerpts which may support or deny the

importance of religion in helping older adults cope with aging.

CHAPTER 5

Results

The study results is presented in three sections for each of the sample populations (random and non-random). The initial section presents background and demographic information obtained from populations of the sample. The second section gives the results of analysis of research item responses as expressed by the categories of participants. The third section highlights selected verbatim excerpts from the categories of participants, relative to their ability to cope with the challenges and changes due to their personal aging and the support or non-support they have had from their religious beliefs.

CONTROL SAMPLE: VETERAN POPULATION

Section 1: Background and Demographics

The sample participants resided in the cities of Claremont, Pomona, Orange, San Bernardino, Hemet, Rialto, Sun City, Riverside, Upland, Nuevo, Ontario, Moreno Valley, Alta Loma, Mira Loma, Yucaipa, Calamesa, and Redlands, in Southern California. All had made the decision to retire in these cities.

The random sample was comprised of veterans and their families. There were thirty-two participants, including spouses, living in their own homes and served individually and sensitively by the physician directed, hospital based, home care team of the Jerry L. Pettis Memorial Veterans' Hospital

at Loma Linda, California.

The Hospital Based Care Management service is a special rehabilitation medicine program designed to provide and/or coordinate a complex of activities, and promote independence for veterans of all ages. An interdisciplinary team completes a comprehensive assessment of patient functioning, then identifies sources of needed services and case manages the delivery of these services. These include the maintaining, restoring, or promoting health, caring for the effects of illness and disability, rendering support for psychosocial and emotional needs, providing control of symptoms, and comfort to the dying.

It was necessary to meet and know the staff on an individual and professional basis to appreciate the activities and to observe the team in relation to the patients. The collection of data became meaningful, and the patients were persons who could be visited in a non-threatening, non-intrusive manner in a pastoral counseling context in the presence of other professional disciplines.

The staff was very conscious of the personal dignity of each patient. They understood and were sensitive to some of the needs of the families they visited. Case conferences were a part of the referral process.

The Professional Social Work Office was very cooperative and supportive in providing access to the hospital departments, enabling the researcher to set up the research

program. The position of social work intern was arranged for the researcher through the Personnel Office, which permitted access to the hospital as a non-paid staff person. A copy of the contract is attached (see Appendix F).

The Chaplain's Office was also very supportive of the study. Much information about the broad pastoral services offered by the hospital were shared, as well as background history of the ways in which the different professional services worked together to enhance the care of the patients.

The hospital based care management team exemplified the idea of the professional disciplines working together for the good of the patient. This program is unique in the United States.

The staff, especially Mary McKennel, M.S.W. (professional social worker), Ruby Watkins (registered nurse), Sharon Newton (occupational therapist), and others representing their particular disciplines, were most outstanding in their explanation of the case team management process practiced by the hospital in service to patients. They were gracious in their introduction of the research project and the study process to the patients prior to and during home visits. With hospital permission and approval, these staff members, understanding the goals and objectives of the study, were most cooperative as the researcher accompanied them during the months of study as they made official field trips visiting patients.

These patients, as part of the random sample for this study, represented older Americans who had lived in various parts of the United States. They had a variety of life experiences and origins. The common variable was that of their prior military life before retirement and their need for hospital care as veterans. Patients were invited to participate in the study, after the review and unanimous approval of the proposal submitted to the special committees of the department of Veterans Affairs, the Human Studies Committee and the Research and Development Committee (see Appendix F).

The Veterans Administration serves veterans of multi-religious backgrounds. At the facility in Loma Linda, veterans are served who represent some twenty-nine religious faith backgrounds. In the random sample drawn, twenty-one persons represented Protestant denominations and eleven persons were Roman Catholic. Twenty-nine persons were Caucasian, one person Hispanic, and two persons were Black.

The case record files, which were handled with confidentiality, were opened and in the presence of the staff a selection of every fifth person drawn from the caseload was invited to participate in the study. Letters of introduction were written by the staff and the researcher. Copies are to be found in Appendix F.

After the patients' informed consent, and with the assurance of the hospital that their human rights were

protected regarding confidentiality, accompanied by above selected staff persons, the researcher visited out-patients in their own homes or at the hospital if they had been re-admitted during the time of the study.

The homes of the patients were all in the catchment region served by the Jerry L. Pettis Veterans' Memorial Hospital, and were located in the San Bernardino, Riverside, and Los Angeles counties of California.

Section 2: Veteran Sample Analysis

Age Categories

Female

A	55 - 70	9
B	71 - 80	4
C	81 - 100 PLUS . . .	2
	Total	15

Male

D	55 - 70	2
E	71 - 80	9
F	81 - 100 PLUS . . .	6
	Total	17

Age

The mean age for male participants was 79.588. The mean age for spouses and female veterans was 69.214. The ages of veteran participants ranged from 68 to 102. There were fifteen women and seventeen men involved in the study, including two female veterans. Twelve wives participated. The sister of a veteran, his caregiver, also took part in the study.

Financial Status

Financial status for the veterans indicated that families spent between \$400 or less up to over \$1,000 per month for expenses. Eleven families spent \$1,000 monthly or more. Two families spent between \$900 and \$1,000 monthly on living

expenses. One family had expenses which were between \$800 and \$900 monthly. Three families expended from \$700 to \$800 per month. Another family disclosed that their expenses averaged from about \$600 to \$700 monthly. Two families managed with living expenses which ranged between \$400 and \$500 monthly.

Living Conditions

Living conditions varied. Single veterans were able to maintain with the help of caregivers or unrelated persons.

Four veterans lived alone. Three of these veterans were widowers. They were able to express some of their grief at the loss of spouses. One divorced veteran was able to manage alone, though wheelchair bound, with the help of a caregiver.

The veterans lived in their own homes which, like those of average Americans, were in a broad range of settings. Some were in apartment complexes, private communities for the elderly, in mobile home parks, or one family dwellings.

Health

Fourteen of the veterans felt their health was poor, while some (despite their need for care) felt they were in fair or good condition. Veterans with spouses were cared for by these spouses. The youngest spouse was fifty-five years old. The oldest spouse was eighty-six years old and cared for her husband who was one hundred and two years old.

The health of all the veterans ranged from fair to poor, as they were being seen at clinic or visited by the Hospital based Case Management team. The diagnosis of each patient was

known to the team. Crisis situations were reported to physicians and patients were hospitalized when necessary. Two patients were hospitalized during the study. Two patients were unable to talk due to their physical conditions. Spouses were most generous and shared their thoughts and participated in response to the questionnaires.

Quality of Life

Sixteen of the veterans felt that life was hard for them much of the time, while fourteen disagreed with this statement. Fifteen of the veterans were satisfied with their lives today, while fourteen were in disagreement. One person was in strong agreement with the idea of satisfaction in his life today.

Religious Beliefs

When statement number twenty on the religious survey was presented, "Prayer does not help me to cope with difficulties and stress in my life," the veterans and caretakers made the following responses. Twenty persons strongly disagreed with the statement. One person moderately disagreed with the statement. Two persons moderately agreed with the statement. One individual slightly agreed that prayer did not help him/her to cope with difficulties and stress. Six people slightly disagreed with the statement that prayer did not help them to cope with difficulties and stress.

Regarding basic Christian beliefs, twenty-one persons knew God existed and had no doubts about it. Nine persons

said that while they had doubts, they did believe in God. Two people stated that they did not believe in a personal God, but did believe in a higher power of some kind.

There were five statements to determine what people believed about Jesus. People were asked which of the statements came closest to their beliefs.

Regarding belief in Jesus, twenty-two persons said that they believed that Jesus is the Divine Son of God and they had no doubts about this. Five people felt basically that Jesus was divine, while they had some doubts. Three persons felt that Jesus was a great man and very holy, but they did not feel him to be the son of God any more than all of us are children of God. One person felt that Jesus was only a man, although an extraordinary one. One person was not entirely sure there really was such a person as Jesus.

There were four statements regarding the Bible miracles. Relative to the miracles, twenty-four people agreed with the statement that the miracles actually happened just as the Bible says they did.

Four persons felt that the miracles happened but could be explained by natural causes. Two people were not sure that the miracles really happened. Two people felt that the miracles were stories and never really happened.

A fourth statement dealing with religious beliefs was about the existence of the Devil. Fifteen people believed it was completely true that the Devil existed. Nine people

believed that it was probably true that the Devil existed. Five people believed that it was probably not true that the Devil existed. Three people felt that it was definitely not true that the Devil existed.

Item number five asked about Church attendance. Two persons attended several times a week. Four people attended about once a week. Five people attended church several times a month. Eight persons attended several times a year. Seven persons seldom attended church. Six people never attended their churches.

Church group and community activities responses indicated participation in religious group activities such as adult Sunday school classes, Bible study groups, prayer groups, and other. Five persons indicated they were involved several times a week in religious activities. One person was involved about once a week. Two persons were participants several times a month. One person was involved in activities several times a year. Eight people were seldom participants in such groups. Fifteen people never participated in other religious group activities.

The veterans were asked to think of five closest friends and to indicate how many were members of their church congregations. Thirteen indicated that none of their closest friends were members of their congregations. Three indicated that one of their closest friends was a member of their church congregation. Seven people said that two of their friends

were members of their church congregation. Six persons indicated that three people were friends in their church congregations. One person stated that four friends were from their church congregation. Two people indicated that they had five friends who were close who were members of their church congregations.

The question was raised with study participants as to how often they prayed privately. Two persons responded that they did not pray at all. Two persons said they prayed only occasionally. Two people prayed several times a week. Eight people prayed privately once a day. Six persons prayed privately twice a day. Twelve people prayed three or more times a day privately.

Question nine asked the participants how often they read the Bible or other religious literature (magazines, papers, books) at home. Four people said that they read books and other literature several times a day. Eight people noted that they read some literature daily. Four persons read books and literature several times a week. Five people said that they read only occasionally. Seven people said that they did not read books or other materials at all.

The next question asked was how often people listened to or watched television or radio religious programs. Eleven persons stated "Not at all." Seven people said, "Only occasionally." Eight people commented, "several times a month." Four persons stated, "several times a week."

One person indicated listening or watching religious television or radio on a daily basis. One individual responded that several times a day was given to watching or listening to television or radio religious programs.

In regard to their knowledge of the Bible, question eleven asked for recognition of the Old Testament prophets. Two people did not recognize any of the prophets. Two recognized the prophet Elijah. Two persons recognized both Elijah and Ezekiel. Twenty-two people recognized the three prophets, Elijah, Ezekiel and Jeremiah. Two people said that none of the names listed were prophets. Two people related to the New Testament, recognizing St. Paul.

Religion and Coping

The second group of questions were responses to items on the questionnaires concerning the prominence of religion and its perceived role in coping. Veterans who had experienced active duty where their lives had been threatened shared memories of feelings which related to their successful coping.

Item twelve asked the participants if they experienced God's love and care for them in their relationship with Him. They could strongly agree, moderately agree, and slightly agree, slightly disagree, moderately disagree or strongly disagree, as they answered this group of questions. The veterans and caregivers answered item twelve as follows: nineteen strongly agreed; nine moderately agreed, one slightly agreed; one slightly disagreed; two strongly disagreed that

they experienced God's love and care for them.

Statement thirteen stated that God is impersonal and not interested in daily situations. Responses were as follows:

Strongly agreed	-	2 people
Moderately agreed	-	1 person
Slightly agreed	-	2 persons
Slightly disagreed	-	9 persons
Moderately disagreed	-	5 persons
Strongly disagreed	-	12 persons

Twenty-six people out of the thirty two persons interviewed did not agree with the idea of God being impersonal and not interested in their daily situations.

Questionnaire item 14 stated: I have a personally meaningful relationship with God. Responses were as follows:

Strongly agreed	-	20 people
Moderately agreed	-	7 people
Slightly agreed	-	4 people
Moderately disagreed	-	1 person

Thirty one people had some feeling of agreement that they had a personal meaningful relationship with God.

Item 15 on the questionnaire raised the issue of God's help during difficult times. It stated: While dealing with difficult times in my life, I don't get much personal strength and support from God. Responses were:

Strongly agreed	-	3 people
Moderately agreed	-	1 person
Slightly agreed	-	4 persons
Slightly disagreed	-	5 persons
Moderately disagreed	-	5 persons
Strongly disagreed	-	14 persons

It is to be noted that while eight persons agreed in varied degrees, twenty-four persons disagreed with the statement in varied degrees.

Questionnaire item 16 states: My relationship with God helps me not to feel lonely. Respondents answered as follows:

Strongly agreed	-	22 people
Moderately agreed	-	3 persons
Slightly agreed	-	2 people
Slightly disagreed	-	2 persons
Moderately disagreed	-	2 persons
Strongly disagreed	-	1 person

Twenty-seven people agreed in various degrees that their relationship with God helped them not to feel lonely. Five people in various degrees disagreed.

Questionnaire item number 17 addresses the issue of private prayer. It states: Private Prayer is important in my life. Participant responses were:

Strongly agreed	-	27 persons
Moderately agreed	-	1 person
Slightly agreed	-	1 person
Slightly disagreed	-	1 person
Moderately disagreed	-	2 people

Twenty-nine persons agreed, strongly, moderately and slightly, that private prayer was important in their lives. Three people slightly and moderately disagreed that private prayer was important in their lives.

Item number 18 on the questionnaire says: I do not experience God's intervention in my life in any concrete or personal way. Participants answered:

Strongly agreed	-	1 person
Moderately agreed	-	3 persons
Slightly agreed	-	1 person
Slightly disagreed	-	7 persons
Moderately disagreed	-	6 people
Strongly disagreed	-	14 people

Twenty-seven people disagreed in various degrees with the

statement, while five persons agreed, in various degrees.

Questionnaire item number 19 states: God has revealed things to me about my life, other people, Himself, or His divine plan. Respondents replied as follows:

Strong agreed	-	19 people
Moderately agreed	-	4 persons
Slightly agreed	-	1 person
Slightly disagreed	-	3 people
Moderately disagreed	-	1 person
Strongly disagreed	-	4 people

Twenty-four persons agreed variously with the statement, while eight persons expressed varying degrees of disagreement.

The patients in this sample took the time to reflect and in spite of the fact that many were in various states of incapacitation, they were forthright in their responses. One veteran cited three instances during World War II where a change in military orders saved his life. Each of three groups he had been with during the war had been wiped out. As a survivor, he felt he had experienced an intervention in his life which was a part of the Divine Plan. This not so much for him, but for people he had encountered later on in life. He was devoted to his wife, whom he met after these incidents, and they had had a long marriage of commitment to each other.

Sixty-five percent of the sample respondents strongly agreed that they felt most fulfilled when they were in close communion with God.

Intrinsic Religious Feelings

Questions of faith and the effect on their lives seemed to be the basis of the next group of questions. Veterans and

caregivers were asked to check the phrases which best described their feelings about each item.

Item number 22 stated: My faith involves all of my life.

Definitely true	-	23 people
Tends to be true	-	6 persons
Tends not to be true	-	2 people
Definitely not true	-	1 person

Twenty-nine persons felt the statement was somewhat true for them, while it tended not to be true of two people, and definitely not true for one person.

Questionnaire item number 23 asked comment on the statement: In my life I experience the presence of the Divine (that is, of God). Participants responded:

Definitely true of me	-	24 persons
Tends to be true	-	4 people
Tends not to be true	-	4 people

Therefore, in this sample it was definitely true for twenty-four people and tended to be true for four people that they felt the presence of God, while for four people this tended not to be true.

The issue of every day affairs was raised. In Item 24, the statement is made: Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.

Definitely true	-	9 persons
Tends to be true	-	1 person
Tends not to be true	-	10 persons
Definitely not true	-	12 persons

Ten persons felt the statement was in varying degrees true for them, while for twenty-two persons the statement tended not to

be true or was definitely not true for them.

Item number 25 states: Nothing is as important to me as serving God as best as I know how. Responses were:

Definitely true	-	21 persons
Tends to be true	-	5 people
Tends not to be true	-	5 persons
Definitely not true	-	1 person

It seemed that it was definitely true or tended to be true for twenty-six people that nothing was as important as serving God as best they knew how. Six people felt this tended not to be true for them, or was definitely not true for one of them.

Questionnaire item number 26 stated: My faith sometimes restricts my actions. The responses were spread out across the age and gender categories as follows:

Definitely true	-	14 people
Tends to be true	-	8 persons
Tends not to be true	-	4 persons
Definitely not true	-	5 persons
Unsure	-	1 person

Item number 27 on the questionnaire deals with religious beliefs. It states: My religious beliefs are what really lie behind my whole approach to life. The sample population response was:

Definitely true	-	20 people
Tends to be true	-	7 people
Tends not to be true	-	2 persons
Definitely not true	-	3 persons

It is noted that this item was definitely true or tended to be true for twenty-seven people, and tended not to be true or was definitely not true for five persons of the same population.

Item 28 on the questionnaire states: I try hard to carry

my religion over into all my other dealings in life. The sample response was:

Definitely true	-	18 people
Tends to be true	-	6 persons
Tends not to be true	-	1 person
Definitely not true	-	7 people

It would seem from the figures that twenty-four people try to carry their religion over into all other dealings in life. For eight person this tends not to be true or is definitely not true.

Questionnaire item number 29 reads as follows: My religious faith is the most important influence in my life. The sample participants response was:

Definitely true	-	20 people
Tends to be true	-	7 people
Tends not to be true	-	5 persons

From the above data, it would seem that for twenty-seven people in the sample, religious faith tended to be or was the most important influence in their lives. Five people felt that religion as the most important influence in their lives tended not to be true.

Sample respondents were asked how much they tended to agree or disagree with the next group of questions.

Item 30 on the questionnaire stated: One should seek God's guidance when making every important decision. The sample response was:

Definitely agreed	-	18 people
Tend to agree	-	6 persons
Tend to disagree	-	5 people
Definitely disagree	-	3 people

Item number 31 on the questionnaire was: Although I believe in religion, I feel there are many more important things in life. The sample participants responded:

Definitely agree	-	10 persons
Tend to agree	-	3 persons
Tend to disagree	-	10 persons
Definitely disagree	-	1 person

Thirteen of the sample tended to agree or definitely agreed with the statement, while eleven persons tended to disagree or disagreed with the statement.

Item 32 on the questionnaire raised the issue of morality. It stated: It doesn't matter so much what I believe, so long as I lead a moral life. The sample responded:

Definitely agree	-	11 people
Tend to agree	-	7 people
Tend not to agree	-	2 people
Definitely disagree	-	12 people

Item 34 appeared on the questionnaire and asked the following: If you were experiencing great emotional distress, were very sick or near death, would you like your personal physician to pray with you? The sample response was:

Yes very much	-	13 people
Yes, somewhat	-	9 people
No, probably not	-	4 people
No, definitely not	-	6 people

From the responses it seemed that twenty-two people were not opposed to physician prayer. Ten people responded negatively to the idea.

Section 3: Selected Verbatim ExcerptsFrom Age CategoriesCategory A

One caregiver stated that she strongly disagreed with the statement that prayer does not help her to cope with the difficulties and stress of her life. She is very active, at age 65, caring for her husband, a diabetic who is a double amputee. They write a newsletter for other veterans all over the country. His motto is "Heads Up," and a big smile. She types on their computer.

Category B

This caregiver is eighty years old. She states she feels most fulfilled when she is in close communion with God. She feels she is able to help her wheelchair bound husband, who is eighty-one years old. She feels her faith involves her whole life. She feels that in her life she experiences the presence of the Divine.

Category C

This caregiver at eighty-five years old appears sprightly beside her alert, active 102 year-old husband. Every year they had enjoyed camping. They decided at the time of the interview to reduce this effort. Both said they moderately disagreed with the statement that prayer did not help them to cope with the difficulties and stress of life. They moderately agreed that they experienced God's love and care for them. They strongly disagreed with the statement that God

is impersonal and not interested in their daily situations.

Category D

This veteran at age sixty-eight felt that private prayer was important in his life, strongly agreeing to this. He and his spouse stated they experienced God's love and care for them. Both were in strong agreement. This couple stated that it was definitely true for them that their religious beliefs are what really lie behind their whole approach to life.

Category E

This seventy-six year old veteran cares for his wife, also a veteran. She is bed bound, with multiple sclerosis, has had a series of strokes, and must use a catheter. Both said they had a strong belief in God. They said their religious faith was the most important influence in their lives. They both stated that private prayer was important in their lives. They both said they experienced God's love and care for them.

Category F

This eighty-one year old veteran, a widower, stated that he strongly disagreed with the statement that prayer did not help him to cope with difficulties and stress in his life. He spoke of the loss of his wife and how he had managed with prayer. He stated and strongly agreed that his relationship with God helped him not to feel lonely.

TABLE 5.1

Sociodemographic Characteristics of the Sample (n = 32)

Sex

Male Veterans	19
Female Veterans	2
Caregivers - Spouses (over 65)	7
Spouses (under 65)	5
Sister (over 65)	1

Age

Mean age of all Veterans	75.142.
Range in age of Veterans	68-102 years
Range in age of caregivers	55-86 years
Mean age of caregivers	70.92

Race

White	29
Black	2
Hispanic	1

Living Situation

Alone	5
With Spouse	13
With others	1

Marital Status

Married	13
Single	2
Divorced	1
Widowed	3

Financial Status

(Living expenses per month)

Less than \$500	2
Less than \$700	1
Less than \$1,000	6
Over \$1,000	11

Health

Health ranged from poor to fair. Five patients were wheelchair bound. Three patients were bed-bound. Other

patients were ambulatory, but were receiving medication for illnesses such as cancer, heart disease, arthritis and combinations of diseases.

TABLE 5.2

Religious Characteristics of the Sample

Religious Denominations

Protestant	20
Catholic	12
Other	0

Christian Beliefs

Belief in God	28
Belief in Jesus	24
Belief in miracles	20
Belief in the Devil	22

Church Attendance

Several times a week	4
About one a week	6
Several times a month	2
Several times a year	2
Seldom	7
Never	8

Other Religious Activity

Several times a week	3
About once a week	2
Several times a month	2
Several times a year	1
Seldom	7
Never	15

Friends in same Church

None	3
One	12
Two	8
Three	2
Four	0
Five	0

Private Prayer

How often do you pray?

Not at All	2
Only occasionally	2
Several times a week	2
Once a day	6
Twice a day	6
Three or more times a day	12

Read the Bible or other Religious Literature at Home

Several times a day	4
Daily	8
Several times a week	3
Several times a month	3
Only occasionally	8
Not at all	7

Religious programs (TV and Radio)

Not at all	11
Only occasionally	7
Several times a month	6
Several times a week	4
Daily	1
Several times a day	1

Identification of Old Testament Prophets

Recognized 3 Prophets	18
No recognition	2
Recognition of One Prophet	1
Recognition of two Prophets	2
Recognition of St. Paul in New Testament	4

TABLE 5.3

Responses to Questions about Religion and Coping

Experience God's love and care

Strongly agree	17
Moderately agree	9
Slightly agree	1
Slightly disagree	0
Moderately disagree	1
Strongly disagree	2

God is impersonal and not interest in my daily situation

Strongly disagree	13
Moderately disagree	5
Slightly disagree	4

Slightly agree	4
Moderately agree	1
Strongly agree	0

I have a Personally Meaningful Relationship with God

Strongly agree	19
Moderately agree	8
Slightly agree	2
Slightly disagree	0
Moderately disagree	1
Strongly disagree	0

God is not a source of strength and support during difficult times.

Strongly disagree	14
Moderately disagree	4
Slightly disagree	5
Slightly agree	2
Moderately agree	4
Strongly agree	0

Relationship with God prevents feeling lonely

Strongly agree	18
Moderately agree	5
Slightly agree	4
Slightly disagree	2
Moderately disagree	0
Strongly disagree	1

Private Prayer is important in my life

Strongly agree	22
Moderately agree	5
Slightly agree	1
Slightly disagree	0
Moderately disagree	2
Strongly disagree	0

Do not experience God's Intervention in life

Strongly disagree	14
Moderately disagree	6
Slightly disagree	3
Slightly agree	3
Moderately agree	0
Strongly agree	1

God reveals things about life, people and Himself or His divine plan.

Strongly agree	17
Moderately agree	4
Slightly agree	2
Slightly disagree	3
Moderately disagree	2
Strongly disagree	0

Prayer does not help me to cope with difficulties and stress in my life.

Strongly disagree	20
Moderately disagree	1
Slightly disagree	6
Slightly agree	1
Moderately agree	1
Strongly agree	0

Feel most fulfilled when in close communion with God

Strongly agree	21
Moderately agree	2
Slightly agree	2
Slightly disagree	0
Moderately disagree	3
Strongly disagree	2

TABLE 5.4

Responses to Intrinsic Religion Questions

My Faith involves all my life

Definitely true of me	19
Tends to be true	6
Tends not to be true	4
Definitely not true	1
Unsure	0

I experience the presence of God in my life

Definitely true	22
Tends to be true	4
Tends not to be true	4
Definitely not true	0
Unsure	0

Although I am a religious person, I refuse to let religious considerations influence my everyday affairs

Definitely true	8
Tends to be true	2
Tends not to be true	10

Definitely not true	10
Unsure	0

Nothing is as important to me as serving God as best as I know how.

Definitely true	17
Tends to be true	5
Tends not to be true	5
Definitely not true	1
Unsure	1

My faith sometimes restricts my actions.

Definitely true	14
Tends to be true	6
Tends to be not true	4
Definitely not true	5
Unsure	1

My religious beliefs are what really lie behind my whole approach to life.

Definitely true	18
Tends to be true	7
Tends to be not true	2
Definitely not true	3
Unsure	0

I try hard to carry my religion over into all my other dealings in life.

Definitely true	16
Tends to be true	6
Tends to be not true	1
Definitely not true	7
Unsure	0

My religious faith is the most important influence in my life.

Definitely true	18
Tends to be true	7
Tends to be not true	5
Definitely not true	0
Unsure	0

One should seek God's guidance when making every important decision.

Definitely true	15
Tends to be true	6
Tends to be not true	5

Definitely not true	3
Unsure	1

Although I believe in Religion, I feel there are many more important things in life.

Definitely true	8
Tends to be true	0
Tends to be not true	8
Definitely not true	10
Unsure	0

It doesn't matter so much what I believe as long as I lead a moral life.

Definitely true	8
Tends to be true	7
Tends to be not true	5
Definitely not true	10
Unsure	0

If you were experiencing great emotional distress, were very sick, would you like your personal physician to pray with you?

Yes, very much	10
Yes, somewhat	11
No, probably not	4
No, definitely not	4

TABLE 5.5

Quality of Life--Feelings about self

Things keep getting worse as I get older.

Strongly agree	11
Agree	12
Disagree	5
Strongly disagree	2

I have as much pep as I did last year.

Strongly agree	0
Agree	11
Disagree	11
Strongly disagree	6

As I get older I feel more lonely.

Strongly agree	5
Agree	16

Disagree	8
Strongly disagree	1

Little things bother me more this year.

Strongly agree	6
Agree	15
Disagree	8
Strongly disagree	1

I see enough of my friends and Relatives.

Strongly agree	3
Agree	0
Disagree	20
Strongly disagree	4

I sometimes worry so much that I can't sleep.

Strongly agree	4
Agree	13
Disagree	0
Strongly disagree	3

As I get older, things are better than I thought they would be.

Strongly agree	1
Agree	16
Disagree	10
Strongly disagree	2

I sometimes feel that Life isn't worth living.

Strongly agree	3
Agree	13
Disagree	13
Strongly disagree	1

I am as happy now as I was when I was younger.

Strongly agree	3
Agree	11
Disagree	15
Strongly disagree	1

I have a lot to be sad about.

Strongly agree	3
Agree	9

Disagree	13
Strongly disagree	2
I am afraid of a lot of things.	
Strongly agree	0
Agree	9
Disagree	17
Strongly disagree	4
I get mad more than I used to.	
Strongly agree	3
Agree	11
Disagree	14
Strongly disagree	2

TABLE 5.6

Life and Tension

Life is hard for me much of the time.

Strongly agree	0
Agree	16
Disagree	14
Strongly disagree	0

I am satisfied with my life today.

Strongly agree	1
Agree	14
Disagree	14
Strongly disagree	0

I take things hard.

Strongly agree	3
Agree	11
Disagree	15
Strongly disagree	0

I get upset easily.

Strongly agree	0
Agree	20
Disagree	10
Strongly disagree	0

My general state of health is excellent.

Strongly agree	2
Agree	14
Disagree	13
Strongly disagree	0

I have a great deal of tension in my everyday life.

Strongly agree	3
Agree	17
Disagree	10
Strongly disagree	0

I handle the tension in my life very well.

Strongly agree	1
Agree	20
Disagree	5
Strongly disagree	0

I receive very little emotional support from my family and friends when I handle the tension in my life.

Strongly agree	2
Agree	14
Disagree	13
Strongly disagree	0

I am involved a great deal with helping my family and friends when they deal with tension in their lives.

Strongly agree	2
Agree	23
Disagree	5
Strongly disagree	0

I rely very little upon my religious beliefs when I deal with tension in my life.

Strongly agree	0
Agree	8
Disagree	16
Strongly disagree	6

Financially speaking, I am very comfortable.

Strongly agree	0
Agree	17
Disagree	12
Strongly disagree	0

NON-RANDOM SAMPLES

The participants in the non-random portion of this study were volunteers who resided in retirement facilities, retirement communities, and in single family dwellings in the cities of Pomona, Orange and Claremont, California.

POPULATION SAMPLE A: CLAREMONT MANOR OF CLAREMONT, CALIFORNIA

Twenty-five participants were residents of the Claremont Manor of Claremont, California, a not-for-profit retirement community, owned and operated by Pacific Homes. The composition of the family of residents is diverse, some still pursuing education, others exploring new interests, others enjoying leisure. A health clinic, personal care apartments, home health services, and a skilled nursing facility are available on the fourteen acre grounds of the facility.

Discussion was held with the Director of the Claremont Manor, Marty McGaughy. The purpose of the study was explained. It was suggested that some of the residents might be interested. A notice was drawn as to the purpose of the study and the need for some of the residents to volunteer to participate. Announcements were made to the community of residents and sign up sheets were prepared. When the residents returned the sign up sheets, appointments were made on an individual basis. At the convenience of the residents, the researcher made visits to their apartments or met with them in a guest living room space provided by the Director and

her staff.

The purpose of the study was discussed with each volunteer. Confidentiality was assured. The use of the questionnaires was explained, and each participant was given a copy of the questionnaire as we jointly read the questions and statements. The process of recording was also demonstrated. Copies of the letters and forms used are in Appendix H.

The attitudes and interests of the participants allowed for positive and interested sharing and reminiscing of their life histories during the interview process. The participants were of diverse religious backgrounds. There were eighteen people representing Protestant denominations. Four persons were Roman Catholics. Two persons described themselves as "other." One gentleman described himself as agnostic.

The residents were involved in many programs. Enclosed are copies of newsletters which show the activities of the community.

Section 1: Demographics

Age and Gender

Categories:

Female			Male		
A	55-70	2	D	55-70	0
B	71-80	4	E	71-80	4
C	81-100	10	F	81-100	6
Totals		16	Totals		10

There were ten men who participated in the study. The mean age was 80.77. There were sixteen women. The mean age

for the women as 82.875.

Ethnicity

All participants were Caucasian.

Financial Status

Twenty-four families reported that their monthly expenses were over \$1,000 or more per month. One resident indicated her expenses averaged between \$900 and \$1,000 per month.

Health

One individual strongly agreed that her health was excellent. Fifteen individuals agreed that their general state of health was excellent. Nine people disagreed that their health was excellent.

Quality of Life

Four people felt strongly that life was hard for them. Eighteen people agreed with this. Two people disagreed.

Twenty-one people indicated they were satisfied with their lives today. Two people strongly agreed to this. One person was not satisfied with life today.

As people reflected and considered their total lives, some admitted that they had not realized they were aging until they had some change in physical capabilities. Some people remained quite active in the residential facility making adjustment to new living situations. Others experienced some grief at the loss of spouses and family.

Section 2: Analysis of Research Item Responses

Religious Beliefs

The questionnaire on religious beliefs, practices and experiences was used in this survey to learn the feelings of the residents regarding these issues.

Regarding basic Christian beliefs about God, seventeen people knew God existed and had no doubts about it. Five people had doubts but felt they did believe in God. Two people said that they did not believe in a personal God, but did believe in a higher power of some kind. One person concurred with item number four, in that he did not know whether there is a God or not and did not believe there was any way to find out.

People expressed their thought about Jesus. Fifteen people felt that Jesus was the divine son of God and had no doubts about this. Five people felt that Jesus was divine, but had some doubts. Three people felt that Jesus was a great man and very holy, but didn't feel him to be the son of God, any more than all of us are children of God. Two persons thought the fourth statement, that Jesus was only a man, although an extraordinary one, came closest to what they believed.

Statements about the Bible miracles and belief were considered. Twelve respondents expressed the thought that the miracles actually happened just as the Bible says they did. Six persons felt that the miracles happened, but could be

explained by natural causes. Seven persons were not sure as to whether the miracles actually happened.

The existence of the devil was considered. Eleven people expressed the belief that this was completely true. Five persons expressed the belief that this was probably true. Two responders felt that this probably was not true, while seven other people felt that the statement was definitely not true.

Church attendance reports indicated that nine persons went several times a week to church services. Eight people attended services about once a week. Two persons attended church services several times a month. Two persons attended services several times a year. Two people seldom attended church services. Two people never attended church services.

When asked how often they participated in other religious group activities, such as Bible study or prayer groups, the response was as follows:

1. Six persons participated several times a week.
2. Ten people were involved about once a week.
3. Three persons were active several times a month.
4. Two people seldom participated.
5. Four respondents never participated in any activities.

The importance of private prayer was examined. People were asked how often they prayed privately. Two persons said they did not pray at all. One person indicated only occasionally. Four people stated they prayed once a day. Fourteen people indicated that they prayed privately three or

more times a day.

Religion and Coping

The next group of questions on the survey of religious beliefs, practices and experiences concerned the respondents perception of religion in their lives and the role this played in their coping with life experiences.

Twenty respondents out of the twenty-five strongly agreed that they experienced God's love and care for them in their relationship with Him. One person moderately agreed that this was their experience. Two people slightly agreed to feeling this way. One person slightly disagreed with the statement. One person strongly disagreed with the statement.

Statement number 13 on the questionnaire states: I believe that God is impersonal and not interested in my daily situations. Nineteen of the twenty-five persons responding stated that they strongly disagreed with this statement. Four people moderately disagreed and one person slightly disagreed. One person slightly agreed with the statement.

Statement number 14 states: I have a personally meaningful relationship with God. Eighteen persons out of the twenty-five respondents strongly agreed with the statement. One person moderately agreed with the statement. Three persons slightly agreed. One person slightly disagreed. One person moderately disagreed, and one person strongly disagreed with the statement.

Statement number 15 presents a negative aspect. It reads

as follows: While dealing with difficult times in my life, I don't get much personal strength and support from God. Twenty people strongly disagreed with the statement. Two persons moderately disagreed. One person slightly disagreed. One person moderately agreed with the statement and one person strongly agreed with the statement.

Loneliness was a felling expressed in statement number 16 as follows: My relationship with God helps me not to feel lonely. Nineteen people strongly agreed that relationship with God helped them not to feel lonely. Two people moderately agreed with the statement. One person slightly agreed, while three people moderately disagreed with the statement.

Statement number 17 on the questionnaire was as follows: Private prayer is important in my life. Twenty respondents strongly agreed with the statement. Two respondents moderately agreed. One respondent slightly agreed with the statement. Two respondents strongly disagreed with the statement.

Sixteen persons strongly disagreed with statement number 18, that they did not experience God's intervention in their lives in any concrete or personal way. Four persons moderately disagreed with the statement. One person slightly disagreed. One person moderately agreed with the statement, while three persons strongly agreed with the statement.

Fourteen people agreed strongly that God had revealed

things to them about their lives, other people, Himself, or His divine plan. Five people moderately agreed with this statement. One person slightly disagreed with this statement. Two people moderately disagreed, while three people strongly disagreed with the statement.

Statement number 20 posed a negative aspect about prayer. It stated: Prayer does not help me to cope with difficulties and stress in my life. Twenty-one people strongly disagreed with this statement. One person slightly disagreed. Two people strongly agreed and one person moderately agreed with the statement.

Sixteen respondents indicated strong agreement with statement number 21, in that they felt most fulfilled when they were in close communion with God. Four people moderately agreed, and one person slightly agreed with the statement. Two people slightly disagreed with the statement while two persons strongly disagreed.

Intrinsic Religious Feelings

The next group of items relate to the personal feelings of the respondents about the truth of the statements for them.

Questionnaire item, number 22, reads as follows: My faith involves all of my life. Sixteen individuals felt this was definitely true for them. Five people felt this tended to be true for them. One person felt that this tended not to be true for them. Two people felt the statement was definitely not true for them. One individual was unsure.

Item number 23--In my life I experience the presence of the Divine (that is, of God). Seventeen persons thought that item number 23 was definitely true for them. Five persons thought this tended to be true for them. Two people felt this tended not to be true for them, while one person felt that this was definitely not true for them.

Item number 24--Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.

The results for this item were, category A 1 person said it tended to be true. Category B 3 persons said it tended to be true, and 2 persons said it tended not to be true. Category C this tended to be true for 8 persons and tended not to be true for 2 persons. Category E tended to be true for 3 persons and tended not to be true for 1 person. Category F tended to be true for 4 persons and tended not to be true for 1 person.

Section 3: Selected Verbatim Excerpts from Age Categories

Review of the data collected indicated that across the age categories there were persons whose lives, physical and emotional capabilities had been touched by their religious beliefs and activities.

Category A

One woman age seventy stated she felt most fulfilled when she was in close communion with God. She was physically attacked on her way to church and was hospitalized. She

recovered. She is very active in her church, attends regularly, gives of her time and service. With her husband she expressed the strong agreement that their religious faith was the most important influence in their lives.

Category B

A seventy-six year old widow, who had had an active professional life, now finds she has a progressive eye disease which is leading to blindness. She raised four children and has grandchildren. She stated that she feels the presence of the Divine in her life. Her religious faith is the most important influence in her life.

Category C

A sharp, alert ninety-four year old woman stated that she felt that her religious beliefs were what really were behind her whole approach to life. She and her late husband were responsible business people, and she is fortunate to be able to support herself. The couple raised five children who are successful persons. She has many grand and great grand children. She strongly agreed that private prayer was important for her. She has experienced God's love and care for her in her relationship with Him all of her life.

Category D had no representatives.

Category E

This eighty year old gentleman stated that he was in strong agreement that he experienced God's love and care for him. He strongly disagreed with the statement that God is

impersonal and not interested in his daily situations. Private prayer is important in his life. He helps people who are poor in underdeveloped countries. He is active in food programs for starving people.

Category F

An eighty-three year old man stated he was a veteran, and had experienced being a prisoner of war in World War II. He was in the Pacific after the fall of Corregidor. He suffered being caged and endured this until he was free. He strongly felt that he got a lot of personal strength and support from God while dealing with those difficult times in his life. Private prayer was very important to him then and now. He still has disabilities as a result of those experiences.

POPULATION SAMPLE B: EMERSON VILLAGE OF POMONA, CALIFORNIA

Section 1: Background and Demographics

The second group of participants for this study were residents of the Emerson Village. This is a development of 165 home units on two and three floor levels, on a four acre site in the Pomona Valley on the outskirts of Los Angeles City.

The limitations on the income of the seniors who are residents is determined by the department of Housing and Urban development of the United States. Six families had incomes which ranged from \$500 to \$600 per month. Twelve residents managed expenses ranging from \$400 to \$500 per month.

Some of the seniors are active and involved in the

management of the community. There is a family spirit and interest that was evident at the community luncheon, and in the Newsletter reports.

The study was approved by the management. It was stressed that the data collected would be handled in a confidential manner. Marion Fiasca, a member of the administrative staff, was most helpful. She placed an announcement in the Emerson Village Newsletter, which indicated the purpose and plans for the study and invited the residents to come forward to volunteer. Arrangement were made for sign-ups, and space for the interviews. Residents were also able to be visited in their own apartments. Each participant was given a special reminder as to the date and time of the interview. Copies of the Newsletter and forms are enclosed in Appendix G.

Eighteen of the residents came forward to participate in the study. The questionnaires and the interview process was explained to each volunteer by the investigator. The volunteers were relaxed and most willing to be a part of the study. They were able to share some of their life stories which seemed to be a source of validation for them.

Section 2: Analysis of Questionnaire Responses by Categories

Religious Backgrounds

Fifteen of the respondents were representatives of Protestant denominations and attended local churches in the

area. Three of the respondents were Roman Catholics.

Ages

The mean age of the male and female participants was 78.75 years. The mean age of the women was 77.56 years. The mean age of the men was 84.66 years. There were three men and fifteen women who participated in the study.

Age Categories

Female			Male		
A	55-70	3	D	55-70	0
B	71-80	8	E	71-80	1
C	81-100	4	F	81-100	2
Totals		15	Totals		3

Ethnicity

There were sixteen Caucasians and two Black participants.

Health

Eleven people felt that their health was excellent. Seven people felt that their health was not excellent.

Quality of Life

When asked if life was hard for them three persons agreed that their lives were hard. Fourteen of the residents disagreed that life was hard for them, with one person strongly disagreeing. Seventeen people were satisfied with their lives. One person was strongly satisfied with her current life.

Item number 19 on the Quality of Life questionnaire asked the respondents if they had a great deal of tension in their everyday lives. Review of the age Categories indicated:

Category A	Two people disagreed. One person strongly disagreed they had great tension in their lives.
Category B	Seven people disagreed, while one person agreed with the statement.
Category C	Three disagreed, while one agreed with the statement.
Category D	One person disagreed with the statement.
Category E	One person agreed, and one person disagreed with the statement.

Fourteen people disagreed with the idea that they had a great deal of tension in their everyday lives. Three people agreed that they had tension, and one person strongly disagreed that he/she had tension in every day living.

Item number 5 related to the handling of tension in life very well. Across the Age Categories the response was as follows:

Category A	Three persons agreed they handled tension well.
Category B	Seven people agreed, while one person disagreed with the statement.
Category C	Four persons agreed.
Category D	One person agreed.
Category E	Two people agreed.

Seventeen people agreed that they handled the tension in their own lives. One person disagreed with this statement.

Item number 21 stated: I receive very little emotional

support from my family and friends when I handle the tension in my life. The persons in the Categories responded as follows:

Category A	Two people disagreed with the statement. One person strongly agreed with the statement.
Category B	Seven disagreed and one agreed with the statement.
Category C	Three persons disagreed while one person agreed with the statement.
Category D	One person strongly disagreed.
Category E	Two people agreed with the statement.

Thirteen people disagreed with the statement that they received very little emotional support from their families and friends when they handled the tensions in their lives. Five people felt that they received very little support from their family and friends when they handled the tensions.

Item number 22, on the Quality of Life Questionnaire stated: I am involved a great deal with helping my family and friends when they deal with tension in their lives. After reflection, people across the age and gender categories seemed to be quite involved with their families. The distribution ran as follows regarding agreement and disagreement with the statement.

Category A	Two persons agreed with the statement, while one person disagreed.
Category B	Six persons agreed and two persons disagreed with the

statement.

Category C	Four persons agreed with the item.
Category D	One person agreed with the statement.
Category E	One person agreed and one person disagreed with the statement.

Questionnaire item number 23 examined religious beliefs and tension. It stated: I rely very little upon my religious beliefs when I deal with tension in my life. The categorical responses were:

Category A	Three persons strongly disagreed with the statement.
Category B	Four persons strongly disagreed, two persons disagreed and one person strongly agreed with the statement.
Category C	Two persons strongly disagreed, one person agreed and one person strongly agreed with the statement.
Category D	Two people were strongly in disagreement.
Category E	Two persons disagreed with the statement.

Religious Beliefs

The second questionnaire used in this survey examined religious beliefs, practices and experiences of these residents. Viewed categorically the responses gave a picture of the feelings of the participants. People were asked to check answers which best described their feelings.

All of the respondents answered item 1 on this questionnaire stating that they knew God really existed and had no doubts about it.

Statement number 2 asked how participants expressed their belief about Jesus. All expressed the belief that Jesus is the divine son of God and had no doubts about that.

Statement number 3 related to the belief people have in the Bible miracles. Across the categories of age and gender, people expressed the following:

One person believed miracles are stories and never really happened.

One person was not sure whether these miracles really happened or not.

Two persons believed the miracles happened, but could be explained by natural causes.

Fourteen people expressed the belief that the miracles actually happened just as the Bible states.

The prevalent belief in this instance was that the miracles actually happened just as the Bible says they did for most of the respondents.

Item number 4 on the survey of beliefs raised the question of belief in the Devil. People were asked to check whether they felt this was completely true, probably true, probably not true or definitely not true. Participants responded:

Completely true	-	15 people
Probably true	-	1 person
Probably not true	-	1 person
Definitely not true	-	1 person

People were next asked how often they were able to attend church services. They estimated as follows:

Several times a week	-	7 people
About once a week	-	10 people
Several times a month	-	none
Several times a year	-	none
Seldom	-	1 person

Participants were asked if they attended other religious group activities, such as Adult Sunday school classes, Bible study groups, Prayer groups, etc. Across the categories of age and gender, people responded:

Several times a week	-	7 persons
About once a week	-	3 people
Several times a month	-	2 people
Several times a year	-	2 people
Seldom	-	4 people

Sometimes people have close friends. The questionnaire asked the participants to think of their five closest friends and then to consider whether any of them were members of their church congregations. Responses were:

None	-	None
One friend	-	2 people
Two friends	-	1 person
Three friends	-	4 persons
Four friends	-	2 persons
Five friends	-	9 persons

Item number 8 on the questionnaire asked: How often do you pray privately? People indicated:

Not at all	-	2 persons
Only occasionally	-	none
Several times a week	-	2 people
Once a day	-	3 people
Twice a day	-	3 people
Three or more times a day	-	8 people

Item number 9 inquired about the reading of the Bible and

other religious literature. The response was:

Several times a day	-	2 persons
Daily	-	6 people
Several times a week	-	2 persons
Several times a month	-	2 people
Only occasionally	-	4 persons
Not at all	-	2 people

Item number 10 inquired about watching or listening to radio or television. The response was:

Not at all	-	3 persons
Only occasionally	-	5 persons
Several times a month	-	4 persons
Several times a week	-	1 person
Daily	-	3 persons
Several times a day	-	2 persons

Questionnaire item number 11 tested the knowledge of the respondents regarding the Old Testament Prophets. Three prophets were named, along with two books of the Old Testament, and the name of St. Paul, who is of the New Testament. The question read: Which of the following were Old Testament Prophets? The Prophets named were Elijah, Ezekiel and Jeremiah.

Two people named one Prophet. One person named two Prophets. Thirteen people named the three Prophets. Two people did not recognize any of the names of the Prophets.

The next section of the questionnaire asked how much the individuals agreed with the next ten statements.

Statement number 12 read: I experience God's love and care for me in my relationship with Him.

13 people strongly agreed with the statement.
2 people moderately agreed.
3 people strongly disagreed with the statement.

Number 13 stated: I believe God is impersonal and not interested in my daily situations. Responses were:

Strongly agreed	-	3 people
Slightly disagreed	-	1 person
Moderately disagreed	-	2 persons
Strongly disagreed	-	12 persons

Statement number 14, I have a meaningful relationship with God, drew the following responses:

Strongly agreed	-	14 people
Slightly agreed	-	1 person
Slightly disagreed	-	3 people
Strongly disagreed	-	none

Statement number 15 presented a negative aspect about relationship with God. It read: While dealing with difficult times in my life, I don't get much personal strength and support from God. Responses were:

Strongly agreed	-	2 people
Moderately agreed	-	none
Moderately disagreed	-	1 person
Strongly disagreed	-	15 people

Statement number 16 discussed God and feelings of loneliness. it stated: My relationship with God helps me not to feel lonely. Responses were:

Strongly agreed	-	15 people
Moderately agreed	-	3 people
Moderately disagreed	-	none
Strongly disagreed	-	none

Statement number 17 raises the issue of private prayer. It states: Private prayer is important in my life. Responses given were:

Strongly agreed	-	15 people
Moderately agreed	-	1 person
Moderately disagreed	-	none
Strongly disagreed	-	2 persons

Statement number 18 was: I do not experience God's intervention in my life in any concrete or personal way.

Responses were:

Strongly agreed	-	2 persons
Moderately agreed	-	none
Moderately disagreed	-	2 persons
Strongly disagreed	-	14 persons

Statement 19 was: God has revealed things to me about my life, other people, Himself, or His Divine plan. Responses were:

Strongly agreed	-	9 persons
Moderately agreed	-	4 people
Moderately disagreed	-	2 people
Strongly disagreed	-	3 people

Coping and prayer are issues in statement number 20. It states: Prayer does not help me to cope with difficulties and stress in my life. Responses were: all participants strongly disagreed with this statement.

Statement number 21 was: I feel most fulfilled when I am in close communion with God. Respondents indicated the following:

Strongly agreed	-	16 people
Moderately agreed	-	2 people
Moderately disagreed	-	none
Strongly disagreed	-	none

Intrinsic Religious Feelings

Questions of faith and the effect on every day living seemed to be the intent of the next group of twelve questions. Participants were asked to check the phrases which best described their feelings about each item.

Item number 22 stated: My faith involves all of my life.

People responded:

15 people	-	Definitely true of them.
3 people	-	Tended to be true for them.

Item number 23 stated: In my life, I experience the presence of the Divine (that is, of God). Seventeen people felt that this was definitely true of them. One person felt this tended to be true for that individual.

Item number 24 stated: Although I am a religious person, I refuse to let religious considerations influence my every day affairs. The participants responded that for them:

It was definitely true for 4 people.
It tended to be true for 5 people.
It tended not to be true for 3 people.
It was definitely not true for 6 people.

Questionnaire item number 25 stated: Nothing is as important to me as serving God as best as I know how.

Responses were:

16 persons	-	Definitely true of them.
2 persons	-	Tended to be true for them.

Item number 26 stated: My faith sometimes restricts my actions. Responses to this statement were:

Definitely true of	-	6 persons
Tended to be true for	-	3 persons
Tended not to be true for	-	4 persons
Definitely not true for	-	4 persons
Unsure	-	1 person

Item number 27 on the questionnaire stated: My religious beliefs are what rally lie behind my whole approach to life.

The responses were:

Definitely true for	-	13 people
Tended to be true for	-	3 people
Tended not to be true for	-	2 people

Definitely not true for	-	none
Unsure	-	none

Questionnaire item number 28 stated: I try hard to carry my religion over into all my other dealings in life. The responses were:

Definitely true for	-	11 people
Tended to be true for	-	3 people
Tended not to be true for	-	3 people
Definitely not true for	-	1 person
Unsure	-	none

Statement number 29 was: My religious faith is the most important influence in my life. For 15 participants this was completely true. For 3 persons this was mostly true of them.

The next group of statements asked how much participants agreed or disagreed with each item. They were to put a check next to the phrase which best described their feeling about each item.

Item number 20 stated: One should seek God's guidance when making every important decision. Responses were:

Definitely agreed	-	15 people
Tended to agree	-	1 person
Tended not to agree	-	1 person
Definitely disagreed	-	1 person

Item number 31 stated: Although I believe in religion, I feel there are many more important things in life. Participants answered:

Definitely agreed	-	2 people
Tended to agree	-	1 person
Tended not to agree	-	5 people
Definitely disagreed	-	10 persons

Item number 32 referred to morality. It stated: It doesn't matter so much what I believe as long as I lead a

moral life. The respondents answered as follows:

Definitely agreed with statement	-	1 person
Tended to agree	-	1 person
Tended to disagree	-	4 people
Definitely disagreed with the statement	-	12 people

Participants were asked if they would like their personal physician to pray with them if they were experiencing great emotional distress, were very sick, or near death. Participants responded:

8 people	-	said yes, very much
3 people	-	said yes, somewhat
7 people	-	said no, probably not.

Section 3: Selected Verbatim Excerpts from the Categories

Review of the data collected from interviews with older people across the age categories has indicated the importance of religious beliefs, attitudes and behaviors which seem prevalent in the lives of older Americans as exemplified by those seen and interviewed at the Emerson Village.

Category A

One woman in her reflection about prayer, stated: "I think that perhaps I pray more than I think I do. I don't count how often I pray. I could see a person who is sick, or blind, or suffering, and I find myself saying, dear God, please.... I can pray if I am walking, or even riding a bicycle...."

Regarding physicians praying with her, she said that he or she might be of a completely different religion. If for example the physician was a Buddhist, rather than praying with

her, she would hope that professionally he would have a positive intention in his work for her healing. She hoped that she could have someone of her own faith with her at a time of serious illness.

This woman stated that she strongly disagreed with the statement that she did not experience God's intervention in her life in any concrete or personal way.

Category B

When asked about Jesus, one woman spoke affirming that she "had no doubts about his being the divine son of God." She also believed that the miracles actually happened as the Bible says they did. When asked if she felt God was impersonal, she replied, "No, I think He is very personal." When she considered the question about dealing with difficult times in her life, Mrs. N. said, "I get much personal strength from God when I have difficult times in my life." She spoke in a low gentle voice with sincere and thoughtful reflection. She was seventy-four years old.

Category C

Asked if she felt less useful as she got older, Mrs. R. said she had to give up things. She was a widow of ten years and felt lonely for her husband. She was satisfied with her life today. She has had bleeding ulcers, but has otherwise had good health. She strongly disagreed with the idea that she relied very little on her religious beliefs. Mrs. R. said that she knew God really existed and she had no doubts about

it. While she couldn't get to church often, she prayed at least twice a day. Mrs. R. said she was eighty-one years old. She said that sometimes what we ask for from God is not possible, but prayers are answered. During difficult times, she did get help from God. Private prayer was very important to her.

Category D

Mr. D., aged seventy-nine years, disagreed strongly with the statement that he relied very little upon his religious beliefs when he dealt with tension in his life. As a Christian he said he believed that Jesus was the Divine Son of God and he had no doubts about it. Nothing was as important to him as serving God as best he knew how. "In seeking God's guidance when making every important decision, we are on our own, in view of the powers He has given us. It is like two teams at a ballgame, both teams of different religions, praying to God to win." Reflecting on item 31, Mr. D. said, "When one gets my age, one has to think in terms of eternity." He tended to disagree with item 31 which stated, "although I believe in religion I feel there are many more important things in life."

Category E

Mr. A. felt lonely because there were few men his age in the facility. He said he had had sadness during his wife's illness and the subsequent death of his wife many years ago. He and his wife had children and grandchildren. They are all

grown up and successful in their life careers. They visit with him. Mr. A. was aware of his increased physical limitations, but said he was doing well for his age. He had retired at age 75. He said he was limited in his ability to get around as he had, but he was still able to visit others in rest homes who had no relatives. Mr. A. said he had become aware of their plight when he had visited his wife who had become totally blind prior to her death. He observed that 90 percent of those he noticed, during his regular visits with his wife, were alone.

Mr. A. said that life was always worth living. He was busy. He was relearning Polish and Russian, languages he had once spoken fluently as a child. He had acquired a basic primer to read. He recalled that his mother had been a devout Greek Orthodox.

As an adult, at eighty-five, Mr. A. said he was religious. He commented, "I don't wear the Bible on my sleeve, and I avoid those who do, but I go to church and do rely on my religious beliefs. I pray often."

Mr. A. said he feels a personal relationship with God and his relationship with God helps him not to feel lonely. He says a prayer helps him not to feel alone.

Mr. A. reflected that if one had angry feelings, saying a prayer often helped. He feels the influence of God in his every day affairs.

Summary

Review of the responses across the categories of age and gender indicate that older people have religious beliefs and experiences which impact their quality of life in this non-random sample of the residents of Emerson Village.

POPULATION SAMPLE C: PILGRIM PLACE OF CLAREMONT, CALIFORNIA

The third group of participants for this study were residents of Pilgrim Place. It is an interdependent and inclusive religious and cultural community where retired church workers live.

Section 1: Background and Demographics

Pilgrim Place is unique in its services with retired persons. The residents are retired missionaries. YM and YWCA directors, ministers, teachers of religion and other church professionals, as well as their widowed spouses. They had given the major portion of their careers in full-time, salaried occupation under recognized ecumenically-oriented Christian church auspices, for a minimum of twenty years. It is the USA's only non-lifecare, self-sustaining, ecumenical retirement village for church professionals with a full continuum of services and no means test.

Pilgrim Place is a thirty-four acre development situated within the city of Claremont, California. The homes are tastefully landscaped and the residents enjoy the beauty of their surroundings.

There are some 330 retired church workers living at Pilgrim Place: 111 men and 218 women are residents. One hundred sixteen residents have served in 47 foreign countries as well as the United States. Over 100 are ordained, and 60 have doctorates. Forty have authored books.¹

Pilgrim Place is a religious and cultural center. Residents continue to give of themselves and are active participants in neighboring communities, serving on church councils, community boards, teaching and writing, and giving leadership in workshops. One such resident, to whom this dissertation is dedicated, is Beatrice Price Russell. Russell, at age eighty-eight, has been a member of the Girl Scouts for over seventy years. Very active in Church Women United, Russell (affectionately known as "Buddy") was a source of inspiration because of her wisdom, talent and leadership activity in the community. Russell very graciously invited some neighboring residents to participate in this study. Nine residents generously gave of their time to be a part of this study. (See Appendix I.)

Section 2: Analysis of Questionnaire Responses by Categories

Age

The mean age of the volunteers from Pilgrim Place was 77.55. There were eight women and one man. The gentleman's

¹ G. Worth George, Fiction or Fact about Pilgrim Place, (Claremont, Calif.: Pilgrim Place, 1992).

age was 72 years. The mean age of the women was 78.25.

Age Categories

Female			Male		
A	55-70	2	D	55-70	0
B	71-80	2	E	71-80	1
C	80-100	4	F	81-100	0
Totals		8	Totals		1

Financial Status

The majority of the residents have worked in small parishes or on mission fields with little opportunity to save or build equity in property. Many live on modest pensions. Responses from the nine residents regarding current monthly expenses as indicated on the Quality of Life questionnaire item number 26 were:

1 person	-	\$400
4 people	-	\$400 to \$500
4 people	-	\$500 to \$600

Despite limited incomes, many of the residents are tithers. They contribute to United Way, their church, and many worthy causes, continuing a lifelong pattern of sacrificial stewardship. They also help support themselves by donations to Pilgrim Place.² The Pilgrims put on a Festival which attracts thousands of visitors annually. The proceeds provide an emergency fund with money to assist those whose resources are exhausted.

Ethnicity

All participants were Caucasians.

² George.

Health

When asked if their general state of health was excellent, the replies were as follows:

- 1 person was in strong agreement.
- 4 persons agreed with the statement.
- 4 persons disagreed with the statement.

Statement number 1 on the Quality of Life questionnaire read: Things keep getting worse as I get older. Responses were:

- 3 people agreed with the statement.
- 3 people disagreed with the statement.
- 3 people strongly disagreed with the statement.

Quality of Life

Items on the Quality of Life questionnaire related to the individual's feelings about life situations such as closeness with relatives, and how they felt as older people. Responses to statement number 5, "I see enough of family and relatives" were:

- 4 persons agreed that they did see enough of family.
- 5 persons disagreed, not seeing enough of their family or friends.

Statement number 8 read: "As I get older, things are better." Six Pilgrims agreed with this statement and three disagreed that things were better.

Response to the statement, "Life is hard for me much of the time," was:

- Strongly agreed with by 1 person.
- Disagreed with by 6 people.
- Strongly disagreed with by 2 people.

The statement, "I am satisfied with my life today" was:

Strongly agreed with by 1 person.

Agreed with by 6 people.

Disagreed with by 2 people.

The issue of tension was raised by questionnaire item number 20. It stated: "I handle the tension in my life very well."

6 Pilgrims agreed that they handled tension very well.

3 Pilgrims disagreed that they handled tension very well.

Regarding emotional support from family and friends in the handling of tension in their lives, Pilgrims reported:

8 Pilgrims disagreed that they received little emotional support from family and friends.

1 Pilgrim agreed that little emotional support was received from family and friends.

Pilgrims considered whether they were involved a great deal with helping their families when they dealt with tension in their lives. Their thoughts reflected the following:

1 person was in strong agreement.

4 people agreed with the statement.

4 people were in disagreement.

Another tension issue was raised by statement number 23. "I rely very little upon my religious beliefs when I deal with tension in my life."

6 Pilgrims strongly disagreed with this statement.

3 Pilgrims disagreed with the statement.

Financially speaking, eight of the Pilgrims agreed they were comfortable. One person disagreed.

Religious Beliefs

The second questionnaire used in this study dealt with

religious beliefs, practices, and experiences of the participants. Participants were asked to check those statements which came closest to their feelings, with no right or wrong answers.

The first question was, "Which of the following statements comes closest to expressing what you believe about God?"

7 Pilgrims checked the statement which stated: I know God really exists and I have no doubts about it.

2 Pilgrims checked the statement which was: While I have doubts, I feel that I do believe in God.

The second question asked, "which of the following statements comes closest to expressing what you believe about Jesus?"

6 Pilgrims said they believed that Jesus was the divine son of God and they had no doubts about it.

2 people said that while they had some doubts, they feel basically that Jesus is divine.

1 person agreed with the feeling that Jesus was a great man, and very holy, but didn't feel Him to be the son of God, any more than all of us are children of God.

Statement number 3 regarding the Bible miracles was answered as follows:

6 people said they believed the miracles happened, but they can be explained by natural causes.

3 persons were of the opinion that the miracles actually happened, just as the Bible says they did.

Statement number 4 states: The Devil actually exists.

The responses were:

- 3 people believed this to be completely true.
- 3 people believed this probably true.
- 1 person believed this was probably not true.
- 2 people believed it was definitely not true.

The next group of statements referred to religious practices. Participants were asked how often they attended church.

- 3 reported that they attended several times a week.
- 6 people said they attended church about once a week.

Respondents were asked if they attended other religious group activities.

- 3 people acknowledged that they attended several times a week.
- 4 people were involved about once a week.
- 1 person was active several times a month.
- 1 person was seldom involved in religious groups.

Asked if any of their five closest friends were members of their church congregations, the responses were:

- 1 person said one of their friends was a member of their church congregation.
- 1 individual said that two friends were members of their church congregation.
- 1 person indicated that 3 closest friends were members of the church congregation.
- 2 participants stated that they had 4 close friends who were members of their church congregation.
- 4 respondents numbered 6 close friends as members of their church congregation.

Questionnaire item number 8 asks: "How often do you pray privately?" Two Pilgrims indicated that they prayed twice a day; seven Pilgrims said they prayed three or more times a day.

Participants were asked how often they read the Bible or religious literature at home. Two Pilgrims said they read

several times a day. Six people said they read on a daily basis. One said that they read only occasionally.

The respondents were asked if they listened to radio or watched television religious programs. Their replies were as follows:

- 2 people said not at all.
- 5 people said only occasionally.
- 2 people said several times a month.

The knowledge of the Old Testament was examined. All of the Pilgrims knew the names of the Prophets.

The next section of the questionnaire dealt with the feelings the individuals had about their relationship with God. They were asked how much they agreed or disagreed with the statements.

Statement number 12, "I experience God's love and care for me in my relationship with Him," drew the following responses:

- 7 people strongly agreed and 2 people moderately agreed with the statement.

Statement number 13, "I believe God is impersonal and not interested in my daily situations," was answered:

- 1 person moderately agreed with the statement.
- 2 people moderately disagreed.
- 6 persons strongly disagreed with the statement.

I have a personally meaningful relationship with God. This statement was considered by the participants. They indicated:

- 8 people strongly agreed that they had a personally meaningful relationship with God.

1 person moderately agreed having such a relationship.

While dealing with difficult times in my life, I don't get much personal strength and support from God. This statement was responded to by the participants in the following manner:

7 people strongly disagreed with this statement.
1 person moderately disagreed with the statement.
1 person moderately agreed with the statement.

My relationship with God helps me not to feel lonely.

5 people strongly agreed with the preceding statement.
4 people moderately agreed with that statement.

Private prayer is important in my life.

8 Pilgrims strongly agreed with this statement.
1 person moderately agreed with this statement.

I do not experience God's intervention in my life in any concrete or personal way. Pilgrims felt as follows about this statement:

2 people moderately agreed with the statement.
3 people moderately disagreed with the statement.
4 people strongly disagreed with the statement.

God has revealed things to me about my life, other people, Himself, or His divine plan. Expressions of feelings were:

2 people moderately agreed with the statement.
4 people strongly agreed with the statement.
2 people slightly agreed.
1 person slightly disagreed with the statement.

Prayer does not help me to cope with difficulties and stress in my life. Responses were as follows:

1 person slightly agreed with the statement.
8 people strongly disagreed with the statement.

I feel most fulfilled when I am in close communion with
God. Pilgrims responded:

6 people strongly agreed with the statement.
2 persons moderately agreed.
1 person slightly agreed with the statement.

The next group of questions asked the Pilgrim which
phrase best described their feelings about each item.

Item number 22. My faith involves all of my life.

8 Pilgrims felt this was definitely true of them.
1 Pilgrim felt this tended to be true.

Item number 23. In my life I experience the presence of
the Divine (that is of God).

All of the 9 Pilgrims felt this was definitely true
for them.

Item number 24. Although I am a religious person, I
refuse to let religious considerations influence my everyday
affairs.

3 people felt this statement tended to be true for
them.
6 people felt that this was definitely not true of
them.

Item number 25. Nothing is as important to me as serving
God as best as I know how.

4 Pilgrims felt this was definitely true of them.
5 Pilgrims felt this statement tended to be true.

Item number 26. My faith sometimes restricts my actions.

4 persons felt this was definitely true of them.
5 persons felt this tended to be true of them.

Item number 27. My religious beliefs are what really lie

behind my whole approach to life.

8 Pilgrims felt this was definitely true of them.
1 Pilgrim felt this tended to be true of them.

Item number 28. I try hard to carry my religion over into all my other dealings in life.

6 Pilgrims felt this statement was definitely true of them.
3 individuals felt this tended to be true of them.

Item number 29. My religious faith is the most important influence in my life.

8 Pilgrims felt this was completely true of them.
1 Pilgrim felt this was mostly true.

The final section of the religion questionnaire asked how much participants agreed or disagreed with each of them.

Item number 30. One should seek God's guidance when making every important decision.

8 people definitely agreed with this item.
1 person tended to agree with the item.

Item number 31. Although I believe in religion, I feel there are many more important things in life.

3 people tended to agree with this item.
6 people definitely disagreed with this item.

Item number 32. It doesn't matter so much what I believe as long as I lead a moral life.

2 people tended to disagree with this item.
7 people definitely disagreed with Item 32.

Respondents were asked if they were experiencing great emotional distress, were very sick or near death would they like their personal physician to pray with them?

4 people replied, "Yes, very much."
3 people replied, "Yes, somewhat."
2 people replied, "No, probably not."

Section 3: Selected Verbatim Excerpts from the Categories

There are four categories represented in this sample.
Categories A, B, C, and E.

Category A

Mrs. L., a sixty-four year old, who participated in the Quality of Life survey, disagreed with the statement that things keep getting worse as she gets older. She is as happy now as she was when younger.

Question: Do you have a great deal of tension in your everyday life?

Answer: Right now, I do. I have a parent, who is eighty-five with all kinds of problems. This is not reflective of everything in my life. We have a son at the other end. We are right in the middle of the generations.

Question: Do you rely very little upon your religious beliefs when you deal with tension in your Life?

Answer: I strongly disagree. I rely very much on my religious beliefs.

Question: How often do you pray privately?

Answer: Twice a day.

Question: Do you experience God's love and care for you in your relationship with Him?

Answer: I strongly agree.

Question: While dealing with difficult times in your life, you don't get much personal strength and support from God?

Answer: I strongly disagree.

Question: Private prayer is important in your Life?

Answer: I would strongly agree.

Question: You do not experience God's intervention in your life in any concrete or personal way?

Answer: I would moderately disagree.

Question: Prayer does not help you to cope with difficulties and stress in your Life?

Answer: I would strongly disagree.

Category B and E

Husband, aged seventy-two years, and his wife, aged seventy-one years, were seen jointly. Both are ordained ministers. The couple reviewed the Quality of Life questionnaire survey. Rev. R., when asked if things keep getting worse as I get older, said, "Health wise for sure. When I hit seventy, I hadn't been sick all my life. After I hit seventy, I began to have problems." His wife agreed.

Question: As you get older are you less useful?

Answer: Husband; Yes to retire is not easy.

Question: As you get older things are better than you thought they would be?

Answer: Wife: Health wise no.
Husband: Economically, we are better off.

Question: Do you sometimes think that life isn't worth living?

Answer: No, as long as there is quality, yes. Quality rather than quantity is important.

Question: Are you as happy now as you were when you were younger?

Answer: I think I am happier. We forget about young people trying to get through school... all the anxieties.

Question: Do you have a lot to be sad about?

Answer: In the world yes. We are sorry about the loss of our son. He was an ordained minister. He died three months after his ordination. This was a big shock.

Question: Are you afraid of a lot of things?

Answer: No.

Question: Do you rely very little upon your religious beliefs when you deal with tension in your life?

Answer: We strongly disagree.

Question: How often do you pray privately?

Answer: Three or more times a day. Husband, "You can pray without ceasing." Wife, "Grace before meals, just to start with, then all the crisis."

Question: How often do you read the Bible or other religious literature?

Answer: Daily, both of us however do this differently.

Question: Do you experience God's love and care for you in your relationship with Him?

Answer: Both husband and wife strongly agreed.

Question: While dealing with difficult times in your life you don't get much personal strength and support from God?

Answer: Both ministers strongly disagreed with this statement.

Question: Your relationship with God helps you not to feel lonely.

Answer: Both strongly agreed.

Question: Private prayer is important in your life?

Answer: The couple strongly agreed that prayer was important.

Question: You do not experience God's intervention in your lives in any concrete or personal way?

Answer: Both husband and wife strongly disagreed.

Question: Prayer does not help you to cope with difficulties and stress in your lives?

Answer: We strongly disagree.

Category C

Mrs. H., age ninety-one, was a cheerful woman who visited her invalid husband on a daily basis in the rest home at Pilgrim Place.

Question: Do you thing things keep getting worse as you get older?

Answer: The world is getting worse, in many ways, because there have been so many of the people born. There are so many civil wars, in the near east, Africa. We are having a kind of slow moral evolution, where war is not glorified.

Question: As I get older I feel more lonely.

Answer: I used to feel this way, until I found that if I listened to people, I was less lonely.

Question: Do you rely upon your religious beliefs when you deal with tension in your life?

Answer: My religion does help me.

Question: The devil actually exists.

Answer: Probably true because evil exists.

Question: How often do you attend church?

Answer: About once a week.

Question: How often do you pray privately?

Answer: Whenever I feel like it. Maybe two or three times a day. I pray when I roll bandages for Nigeria. We have a church there. I have been doing this for twelve years.

Question: Do you have a meaningful relationship with God?

Answer: I do have. I pray. I have gratitude and admiration and awe for God in the people I know.

Question: While dealing with difficult times in your life, you don't get much personal strength and support from God?

Answer: I get strength and support from God.

Question: God has revealed things to you about your life, other people, Himself, or His Divine plan?

Answer: It has been like a gradual unfolding. it has not been like St. Paul, a blinding experience.

Question: Prayer does not help you to cope with difficulties and stress in your life.

Answer: I strongly disagree.

Question: In your life do you experience the presence of the Divine (that is, of God)?

Answer: Well I feel it, particularly when I am walking at night. I walk at night, nearly a half an hour every night. You see the stars, you feel the immensity of the earth, like you are walking in space. You feel the presence of God.

Each of the participants thoughtfully reflected and considered their religious beliefs during this study.

POPULATION SAMPLE D: YOUNG AT HEART SENIORS OF

ST. NORBERT'S PARISH

Section 1: Background and Demographics

The fourth group of participants for this study were residents of Orange County, California. They were all active parishioners of St. Norbert's Parish in the city of Orange. St. Norbert has a membership of about two thousand families. The Parish is one of the fifty-five churches that make up the Roman Catholic Diocese of Orange County, California.

This group of seniors, formed and led by Marge Richter, Christian Service Director for St. Norbert, supported outreach

efforts of the Parish to the poor and the homebound. With the approval of the Pastor, Richter extended an invitation to these volunteers to participate in this study. The volunteers who responded were representative of the Parish population living within area boundaries.

Mrs. Richter, who participated in the study was also a member of the Catholic Charities Board of Directors for the Diocese of Orange County. She was also chairperson for Diocesan Christian Service, working with committees and the Council on Aging.

Mrs. Richter graciously arranged the Parish setting for the interviews and scheduled appointments with the volunteers. She announced the plan for the study and assisted in publicizing the event. Ten volunteers came forward to take part in the study.

Section 2: Analysis of Questionnaire Responses by Categories

Age

The mean age of the volunteers from St. Norbert's Young At Heart seniors was 73.8 years. The mean age for men was 73.5 years. The mean age for the women was 73.875 years. There were eight women and two men who took part in this study.

Age Categories

Female			Male		
A	55-70	2	D	44-70	0
B	71-80	3	E	71-80	2

C	81-100	3
Totals		8

F	81-100	0
Totals		2

Financial Status

Some members of the volunteers were retired and some were still employed or ran their own business. The responses from the ten parishioners regarding current monthly expenses as indicated on the Quality of Life questionnaire item number 26 were:

- 2 people had expenses averaging between \$400-\$500.
- 1 individual's expenses were \$500-\$700.
- 2 families averaged \$900-\$1,000.
- 6 families averaged over \$1,000 per month.

Ethnicity

- 9 parishioners were Caucasians.
- 1 parishioner was Hispanic.

Health

Four people felt that their general state of health was excellent. Six persons did not agree that their health was excellent.

Quality of Life

Items on the Quality of Life questionnaire related to the individual's feelings around the situation in which they now found themselves at this time in their lives. Responses to the statements described how the individuals agreed or disagreed with them.

Statement number 1 was: Things keep getting worse as I get older. Response were:

- Strongly agreed with by 1 person.
- Agreed with by 4 persons.

Disagreed with by 4 persons.
Strongly disagreed with by 1 person.

Statement number 5 was: I see enough of my friends and relatives. Responses were:

5 people agreed with this statement.
5 people disagreed with this statement.

Statement number 8 was: As I get older, things are better than I thought they would be. Responses were:

7 persons agreed with this statement.
3 people disagreed with this statement.

Statement number 14 was: Life is hard for me much of the time. Responses were:

2 people agree this was so.
7 people disagreed with this item.
1 person strongly disagreed with the idea.

Statement number 15 was: I am satisfied with my life today. Responses were:

1 person strongly agreed.
8 persons agreed with this item.
1 person disagreed with the program.

Tension was an indicator as to how people felt at this time in their lives with their decreasing abilities to handle change and possible stress. The next group of statements addressed the issues of tension in every day life.

Statement number 19 was: I have a great deal of tension in my everyday life. Responses were:

8 people disagreed with the statement.
2 people agreed with the statement.

Statement number 20 was: I handle the tension in my life very well. Responses were:

- 3 persons disagreed with the statement.
- 7 people agreed that they handled the tension in their lives very well.

Statement number 21 was: I receive very little emotional support from my family and friends when I handle the tension in my life. Responses were:

- 7 persons disagreed feeling that they did receive support from families and friends.
- 3 people agreed that they received very little emotional support from family and friends.

Statement number 22 was: I am involved a great deal with helping my family and friends when they deal with tension in their lives. Responses were:

- 1 person strongly agreed with the statement.
- 9 persons agreed that they were involved a great deal helping family and friends deal with tension.

Statement number 23 was: I rely very little upon my religious beliefs when I deal with tension in my life. Responses were:

- 8 people strongly disagreed with the statement.
- 1 person disagreed with the statement.
- 1 person agreed with the statement.

Religious Beliefs

The second questionnaire examined religious beliefs, activities and practices of these participants. They were asked to check the statements as to which came closest to expressing their feelings.

Statement number 1: Which of the following statements comes closest to expressing what you believe about God? People indicated as follows:

9 individuals stated that they knew God existed and had no doubts about it.

1 person said that while I have doubts, I feel that I do believe in God.

Statement number 2: Which of the following statements comes closest to expressing what you believe about Jesus? People replied as follows:

9 folks checked the statement that Jesus is the divine son of God and they had no doubts about it.

1 person checked the statement which read: I feel that Jesus was a great man and very holy, but I don't feel him to be the son of God any more than all of us are children of God.

Statement number 3 on this questionnaire reads as follows: The Bible tells of many miracles, some credited to Christ and some to other Prophets and Apostles. Generally speaking, which of the following statements comes closest to what you believe about the biblical miracles? Replies were:

2 people believed the miracles happened, but can be explained by natural causes.

8 people checked the statement which indicated that they believed the miracles actually happened just as the Bible says they did.

Statement number 4 was: The Devil actually exists. Do you believe this is... completely true, probably true, probably not true, definitely not true? Responses were:

5 people believed this statement is completely true.

3 people believed this statement probably true.

1 person believed this statement probably not true.

1 person believed this statement definitely not true.

The next group of statements examined religious

activities and knowledge.

The questionnaire raised the issue of church attendance.

Item number 5 reads: How often do you attend Church services?

- 4 people said they attended several times a week.
- 5 people attended once a week.
- 1 person attended several times a year.

People were asked how often they participated in other religious group activities (i.e., adult prayer groups, Bible study, etc.). Replies were:

- 2 people said they attended such groups several times a month.
- 4 people were involved several times a year.
- 1 person said they were seldom involved.
- 3 people said they were never involved.

People were asked to think of their closest friends and to indicate how many of them were members of their Church congregation. Answers were:

- 3 people indicated none of their friends.
- 2 people indicated they had three friends.
- 1 person indicated they had four friends.
- 4 people indicated they have five close friends.

Statement number 8 asked: How often do you pray privately?

- 2 people said only occasionally.
- 1 person said once a day.
- 5 people said they prayed twice a day.
- 2 people said they prayed three or more times a day.

Statement number 9 inquired: How often do you read the Bible or other religious literature (magazines, papers, books) at home?

- 2 people said that they read daily some literature.
- 2 people said they read several times a week.
- 1 person read several times a month.

3 people read only occasionally.
2 people read not at all.

Statement number 10 asked: How often do you listen to or watch religious programs on radio or TV?

4 people indicated not at all.
6 people said only occasionally.

People were asked to identify the Old Testament prophets.

3 people identified three prophets.
2 people identified two prophets.
1 said that none were prophets.
2 person identified one prophet.
3 people did not identify the prophets.

The next section of the questionnaire asked how much people agreed or disagreed with the following items.

Item number 11 read: I experience God's love and care for me in my relationship with Him. Replies were:

5 strongly agreed with the statement.
5 moderately agreed with this statement.

Item number 13 was: I believe that God is impersonal and not interested in my daily situations. Responses were:

1 person moderately agreed with this statement.
1 person slightly agreed with this statement.
8 persons strongly disagreed with this statement.

Item number 14 was: I have a personally meaningful relationship with God. People responded:

3 people strongly agreed.
6 people moderately agreed.
1 person slightly agreed.

Item number 15 was: While dealing with difficult times in my life, I don't get much personal strength and support from God. Comments were:

Two people moderately disagreed with this statement.

8 people strongly disagreed with this statement.

Item number 16 reads: My relationship with God helps me not to feel lonely. Responses to this item were:

6 people strongly agreed with this item.

2 people moderately agreed with this item.

2 people slightly agreed with this item.

Item number 17 was: Private prayer is important in my life. Thoughts were expressed as follows:

5 people strongly agreed that private prayer was important.

5 people moderately agreed that private prayer was important for them.

Item number 18 read: I do not experience God's intervention in my life in any concrete or personal way.

Reactions to this item were:

1 person moderately agreed with the statement.

1 person slightly agreed with the statement.

7 people strongly disagreed with this statement.

1 person moderately disagreed with this statement.

Item number 19 was: God has revealed things to me about my life, other people, Himself, or His divine plan. Responses were:

6 people moderately agreed with this item.

1 person slightly agreed.

3 people moderately disagreed with this item.

Item number 20 stated: Prayer does not help me to cope with difficulties and stress in my life. People responded as follows:

2 people were moderately disagreed.

8 people were strongly disagreed with item 20.

Item number 21 stated: I feel most fulfilled when I am in

close communion with God. After reflection, people responded:

6 people strongly agreed with this item.
4 people moderately agreed with the statement.

The next section of the questionnaire asked the participants how true each statement was for them. They were asked which phrase best described their feelings about each item.

Item number 22: My faith involves all of my life.

5 people felt this was definitely true of them.
4 people felt this tended to be true.
1 person felt this tended not to be true for that individual.

Item number 23: In my life I experience the presence of God.

3 persons felt that this was definitely true of them.
6 people felt this tended to be true.
1 individual felt this tended not to be true.

Item number 24: Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.

Categorically responding,

3 people felt this tended to be true.
4 people felt this tended not to be true.
2 people felt that this was definitely not true.
1 person felt unsure.

Item number 25: Nothing is as important to me as serving God as best as I know how.

4 people felt this was definitely true of them.
5 people felt that this tended to be true.
1 person felt this tended not to be true.

Item number 26: My faith sometimes restricts my actions.

3 people felt this was definitely true.
6 persons felt this tended to be true.
1 person felt this tended not to be true.

Item number 27: My religious beliefs are what really lie behind my whole approach to life.

4 individuals felt this was definitely true of them.
4 persons felt this tended to be true.
2 persons felt this tended not to be true.

Item number 28: I try hard to carry my religion over into all my other dealings in life.

3 respondents felt this was definitely true of them.
5 people felt this tended to be true.
2 people felt this tended not to be true of them.

Item number 29: My religious faith is the most important influence in my life.

7 people felt this was definitely true of them.
2 people felt this tended to be true.
1 person felt this tended not to be true.

The next section of the questionnaire asked how much people agreed or disagreed with each item.

Item number 30: One should seek God's guidance when making every important decision. Across the categories of age and gender, people responded:

5 people definitely agreed with item number 30.
4 people tended to agree with the item.
1 person tended to disagree.

Item number 31: Although I believe in religion, I feel there are many more important things in life.

1 person definitely agreed with item number 31.
1 person tended to agree.
5 people tended to disagree.
3 people definitely disagreed with item number 31.

Item number 32: It doesn't matter so much what I believe as long as I lead a moral life. Replies were as follows:

- 1 person definitely agreed with item number 32.
- 5 people tended to agree.
- 1 person tended to disagree.
- 3 people definitely disagreed with item number 32.

Item number 34: If you were experiencing great emotional distress, were very sick or near death, would you like your personal physician to pray with you? Responses were:

- 4 persons answered: Yes, very much.
- 3 persons answered: Yes, somewhat.
- 3 persons answered: No, probably not.

Section 3: Selected Verbatim Excerpts from the Categories

This exploratory study of the data collected from interviews with older people across the age and gender categories, elicited by the use of the questionnaires, enabled participants to reminisce and reflect on their religious beliefs and values.

Category A

Mrs. R., a woman of sixty-five, considered in depth the question of what it meant to lead a moral life. She stated: "If you are leading a moral life, you have to believe in something. I don't think that leading a moral life just comes to people. You have to have a basis for doing it, you have a belief somewhere. The natives always had a belief in a higher being."

Question: Do you think that your faith has helped you to cope with a lot of things in your life?

Answer: Oh yes. Does your religion ever get in the way of the things that you do, that was the other

question. It does stand in your way of doing some things. If it didn't we would all be in big trouble. No, I believe that as you go through life, you have got to have a belief in a higher being, that there is something beyond this, otherwise why do we do all the things that we think are moral? Why not cheat, and take all the money and have all the fun you can have in this life, if there is nothing after? I think that is the big problem today. People who don't believe step on the other people.

Question: When people get very old, and I know you have ministered to the sick and the elderly, when you see them, how are they coping?

Answer: Definitely it is their religion that keeps them going. You have got to realize this was a generation that was raised on religion and has great faith. Sometimes they get a little discouraged... but I think on the whole, it is their religion that keeps them going, because they believe that what they are suffering here and now, will give them a higher place in heaven. This is how they figure, and they feel that God will help them get through all of these things. Sometimes you go to the doctor, and you find you have some kind of a disease, cancer or whatever, the first place you go is to church and pray, or you pray where ever you are. It is the first place you turn to, because that is the way you were brought up. Young people today don't do that. It is also amusing to me, when young people are going through something, they will say, "Pray for me, Mom, you have an in...." Somebody else has the "in." My husband does this a lot when somebody down at the office, has a problem, he says, "I'll get my wife and the ladies at the church to pray on that. They have a straight line." He really believes that.. but he has a straight line too. He prays. His line is just as good as anybody else's line. He thinks that because we do some good things at church... we have a better line.. of course that is not true. Anybody who leads a good clean life has a line. Men can keep their religion at the office. Some feel it is something you do on Sunday, and when it is business it is business.... This is a lot of the problem today. If the companies which are making so much money today, and the people are not getting compensated properly.... I think everybody has a right to make money, don't get me wrong. The company put up cash to start it, and

are due a profit, but their workers should be compensated for what they do."

Category B and E

Mr. and Mrs. R. were seen together. Mrs. R. was seventy-one years old. Mr. R. was seventy-three years old. When asked if they had a personal meaningful relationship with God, Mr. R. felt that he felt God was close to him when he was in the service.

Question: Although a religious person, do you refuse to let religious considerations influence your everyday affairs?

Answer: Mr. R.: Tends not to be true. I might fight for my religion, but I am not going to talk to anybody else. I don't like people who talk religion to you all the time.

Question: Nothing is as important to you as serving God as best you know how?

Answer: Couple: That tends to be true.

Question: Your religious beliefs are what really lie behind your whole approach to life?

Answer: Mrs. R.: Yes, tends to be true. Mr. R.: Yes, tends to be true.

Question: Your religious faith is the most important influence in your life?

Answer: Yes, this is completely true for us.

Question: Although you believe in religion, do you feel there are many more important things in life?

Answer: We tend to disagree. Nothing is more important than our religion.

Question: It doesn't matter so much what you believe as long as you lead a moral life?

Answer: We tend to disagree.

I would miss my faith if I couldn't have it. Both Mr. and Mrs. R. said they felt they have coped for over fifty years with life because of their faith.

Category C

Mrs. H., an eighty-three year old woman, said she thought she had as much pep as she had last year.

Question: Are you as happy as you were when you were younger?

Answer: Yes, a lot of things have happened in between, that weren't always so happy, but I'm happy.

Question: Is your general state of health good?

Answer: Yes, one of the reasons why things look good, is good health. If you don't have good health, things don't look good.

Question: Do you rely very little on your religious beliefs when you deal with tension in your life?

Answer: No, I rely very strongly on my religious beliefs. When you are 83 you feel that much better.

Question: How often do you pray privately?

Answer: Three or more times a day. I go to Mass and I say prayers before bed and meals. I say my rosary.

Question: Do you experience God's love and care for you in your relationship with him?

Answer: I strongly agree that I do.

Question: Do you believe God is impersonal and not interested in your daily situations?

Answer: I don't believe that He is impersonal.

Question: While dealing with difficult times in your life, you don't get much personal strength and support from God?

Answer: I disagree strongly. I have gotten too many of my prayers answered.

Question: Prayer does not help you to cope with difficulties and stress in your life?

Answer: I strongly disagree.

POPULATION SAMPLE E: COMMUNITY AT LARGE

Section 1: Background and Demographics

This group of participants were volunteers from the community who had heard about the study. Five of these ladies were Black, and were friends of Carrie J. Brown, an active church woman. Brown introduced these women to the study. After their expressions of interest, they were contacted and were visited at their homes which were located in the cities of Claremont and Pomona, California. Two additional ladies from the communities of Claremont and Pomona were invited, which brought the number of participants in this sample to eight.

Ethnicity

The sample consisted of one Caucasian and seven Black women.

Religious Background

Two of the women were Roman Catholic. Protestant denominations represented were African Methodist Episcopal, Presbyterian, Methodist, and Unity.

The women were interested and most affirming during the visits to their homes. The study and the interview process was explained to each volunteer by the investigator. Reminiscence was encouraged as the questionnaires were answered. After completion of the interviews, volunteers were

also asked for their comments.

Section 2: Analysis of Questionnaire Responses
by Categories

Age

The mean age for the women was 66.5 years.

Age Categories

Female

A	55-70	5
B	71-80	3
C	81-100	0
Totals		8

Quality of Life

People were asked in this questionnaire how much they agreed or disagreed with various statements about their current lives.

Item number 1: Thinks keep getting worse as I get older.

Responses were:

5 women disagreed.
3 women strongly disagreed with the item.

Item number 8: As I get older things are better than I though they would be. The women across the two categories stated:

6 agreed that they felt this was so.
2 people disagreed.

Item number 9: I sometimes feel that life isn't worth living. Responses were:

4 people agreed with the item.
4 people disagreed with the item.

Item number 10: I am as happy now as I was when I was

younger. Responses given were:

6 people were agreed that they were as happy.
2 people disagreed with the statement.

Item number 11: I have a lot to be sad about. After reflection, the replies were:

2 people were agreed.
5 people were in disagreement.
1 person was in strong agreement with the statement.

Item number 14: Life is hard for me much of the time.

5 women disagreed with this.
3 women strongly disagreed with this item.

Item number 15: I am satisfied with my life today.

7 women agreed with this statement.
1 woman strongly agreed with this statement.

Item number 18: My general state of health is excellent.

6 ladies agreed their health was excellent.
1 lady disagreed.
1 lady strongly disagreed that her health was excellent.

The next section of the questionnaire dealt with how the participants dealt with tension in their lives.

Item number 19: I have a great deal of tension in my everyday life.

4 women disagreed that they had tension.
3 women agreed they had tension.
1 woman strongly disagreed she had tension.

Item number 20: I handle the tension in my life very well.

7 women agreed that they handled tension very well.
1 woman disagreed that she handled tension very well.

Item number 21: I receive very little emotional support

from my family and friends when I handle the tension in my life.

7 women disagreed with the statement.
1 woman strongly disagreed.

Item number 22: I am involved a great deal with helping my family and friends when they deal with tension in their lives.

All of the women agreed with this statement.

Item number 23: I rely very little upon my religious beliefs when I deal with tension in my life.

4 women strongly disagreed with this statement.
3 women disagreed with this statement.
1 woman agreed with the statement.

Finances

Item number 26: Which of the following categories contains the amount of money you spend in an average month for all your living expenses?

1 woman spent between \$700.00 - \$800.00.
1 woman spent between \$800.00 - \$900.00.
6 of the women spent \$1,000.00 or more.

Religious Survey

The second questionnaire was used with these volunteers with the purpose of examining their religious beliefs, practices and experiences as it has been with the other samples of this study. People were asked to give answers which corresponded with those feelings which came closest to their own. No answer was to be considered right or wrong.

The initial statement asked about God. Five statement described possible feelings about God. The women selected two

of these statements. These were as follows:

7 women said they knew God really existed and had no doubts about it.

1 woman checked the statement which read: I don't believe in a personal God, but I do believe in a higher power of some kind.

Question 2 asked what people believed about Jesus.

7 of the women choose the statement that: Jesus is the divine son of God and I have no doubts about it.

1 woman selected: I think Jesus was only a man, although an extraordinary one.

Question 3 related to the Bible miracles.

5 women believed the miracles actually happened just as the Bible says they did.

2 women believed the miracles happened, but can be explained by natural causes.

1 woman was not sure whether the miracles really happened or not.

Question 4 asked about belief in the Devil.

5 women believed this to be completely true.

2 women believed this probably true.

1 woman believed this definitely not true.

The next group of questions asked about religious practices.

Question 5: How often do you attend Church services?

3 women said they attended several times a week.

4 women attended once a week.

1 woman seldom attended church.

Question 6: How often do you participate in other religious group activities (i.e., adult Sunday School classes, Bible study groups, prayer groups, etc.)?

- 1 woman indicated several times a week.
- 2 women said about once a week.
- 1 woman checked several times a month.
- 2 women indicated several times a year.
- 1 woman indicated seldom.
- 1 woman said she never participated in outside groups.

Question 7: Think of your five closest friends. How many of them are members of your church congregation?

- 2 women indicated that none were members of her Church congregation.
- 2 women indicated they had one friend in their Church congregation.
- 1 woman indicated two were from her Church congregation.
- 2 women had three close friends in her church.
- 1 woman had four close friends who were members of her Church congregation.

Question 8: How often do you pray privately?

- 1 woman indicated not at all.
- 1 woman indicated twice a day.
- 6 women said they prayed three or more times a day.

Question 9: How often do you read the Bible or other religious literature (magazines, papers, books) at home?

- 6 women indicated that they read daily.
- 1 woman read several times a week.
- 1 woman read only occasionally.

Question 10: How often do you listen to or watch religious programs on radio or TV?

- 5 women said only occasionally.
- 1 woman said several times a week.
- 2 women said several times a month.

Question 11: Which of the following were Old Testament Prophets? (For this question please check as many as apply)

- 7 women identified all the prophets.
- 1 woman identified 1 prophet.

The next section of the questionnaire asked participants

how much they agreed or disagreed with each item.

Item 12: I experience God's love and care for me in my relationship with Him.

7 women strongly agreed with this item.
1 woman moderately disagreed.

Item 13: I believe that God is impersonal and not interested in my daily situations.

1 woman moderately agreed with this statement.
7 women strongly disagreed with this statement.

Item 14: I have a personally meaningful relationship with God.

1 woman moderately disagreed with this item.
7 women strongly agreed with this item.

Item 15: While dealing with difficult times in my life, I don't get much personal strength and support from God.

1 woman moderately agreed.
7 women strongly disagreed with this statement.

Item 16: My relationship with God helps me not to feel lonely.

7 women strongly agreed with this item.
1 woman moderately disagreed.

Item 17: Private prayer is important in my life.

7 women strongly agreed with this item.
1 woman strongly disagreed.

Item 18: I do not experience God's intervention in my life in any concrete or personal way.

7 women strongly disagreed with this item.
1 woman slightly agreed with the item.

Item 19: God has revealed things to me about my life, other people, Himself, or His divine plan.

5 women strongly agreed.
1 woman moderately agreed with the item.
1 woman moderately disagreed.
1 woman strongly disagreed with the statement.

Item 20: Prayer does not help me to cope with difficulties and stress in my life.

7 women strongly disagreed with the statement.
1 woman strongly agreed.

Item 21: I feel most fulfilled when I am in close communion with God.

7 women strongly agreed with this item.
1 woman strongly disagreed.

The next section of the questionnaire asked participants how true they believed each statement was for them.

Statement 22: My faith involves all of my life.

6 women felt this was definitely true of them.
1 woman felt this tended to be true for her.
1 woman said it was definitely not true of her.

Statement 23: In my life I experience the presence of the divine (that is, of God).

6 women felt this was definitely true of them.
1 woman felt this tended to be true.
1 woman felt this was definitely not true for her.

Statement 24: Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.

6 women felt this was definitely not true of them.
1 woman was unsure.
1 woman felt this tended to be true.

Statement 25: Nothing is as important to me as serving God as best as I know how.

7 women felt this was definitely true of them.
1 woman was unsure.

Statement 26: My faith sometimes restricts my actions.

3 women felt this was definitely true of them.
4 women felt this was definitely not true of them.
1 woman was unsure.

Statement 27: My religious beliefs are what really lie behind my whole approach to life.

6 women felt that this was definitely true of them.
1 woman felt this was definitely not true of her.
1 woman was unsure.

Statement 28: I try hard to carry my religion over into all my other dealings in life.

7 women felt this was definitely true of them.
1 woman felt this was definitely not true of her.

Statement 29: My religious faith is the most important influence in my life.

6 women felt this was completely true.
1 woman felt this was completely untrue.
1 woman felt this was mostly true for her.

The final section of the questionnaire asked how much people agreed or disagreed with each item.

Item 30: One should seek God's guidance when making every important decision.

7 women definitely agreed with this item.
1 woman definitely disagreed.

Item 31: Although I believe in religion, I feel there are many more important things in life.

5 women definitely disagreed with the item.
2 women tended to disagree.
1 woman tended to agree with the item.

Item 32: It doesn't matter so much what I believe as long as I lead a moral life.

6 women definitely disagreed with the statement.
1 woman definitely agreed with the statement.
1 woman tended to disagree with this item.

Item 34: If you were experiencing great emotional distress, were very sick or near death, would you like your personal physician to pray with you?

4 women said "yes, very much."
2 women said "yes, somewhat."
2 women said "no, probably not."

Section 3: Selected Verbatim Excerpts from the Categories

There were two represented in this sample: Category A and B.

Category A

Mrs. F., age sixty-seven, in response to item number 7 on the Quality of Life survey, illustrates some of the worries older people have about their families. Item number 7 states: I sometimes worry so much that I can't sleep.

"Sometimes I worry... I have two sons. I have a son who is on drugs. I worry. If I can't sleep, it's because this lies heavily on my mind some times."

Item number 8 states: As I get older, things are better than I thought they would be. Mrs. R. commented: "I thought about getting older; I really thought that they would be better. I didn't know that I was going to be widowed and all of that kind of thing.... I had so many things planned in my mind that I was going to do upon retirement.... I don't know how to answer that.... so I disagree with that...."

Question: Was his death sudden?

Answer: "Well, I knew that he wasn't well.. I knew that he was losing a lot of weight.... but he was in the denial state. I do believe he knew that he had cancer but he didn't want me to know. He didn't even want to let me know when he went to the hospital in May, and he died in July. I discussed it with the doctor... but this just really got me down. I was just here living with my invalid mother. I felt very unsafe. So I got this expensive security system. Some one tried to break in on me, the next week after he died. I was so frightened. I called 911. They came right away...."

Question: Do you have a lot to be sad about?

Answer: The drug business with my son.

Comment: That's on your heart?

Answer: I'll say that I have given it over to the Lord, and I'll feel better.

Question: Do you take things hard?

Answer: Well, I got over the death of my husband and my mother. I know they went home to God.

Question: Do you rely very little upon your religious beliefs when you deal with tension in your life?

Answer: I think I rely very much on my religious beliefs; that's what helps me to survive and get through it.

Category B

Mrs. B., age eighty, said that she was satisfied with her life. She had an excellent state of health.

Question: Do you rely very little upon your religious beliefs when you deal with tension in your life?

Answer: I rely a lot on my religious beliefs. I pray to God.

Question: How often do you pray privately?

Answer: At least once a day. Sometimes it is twice a day. Sometimes it is three times a day. it depends on the circumstances. I just figure, Lord have mercy on us... you know, that's a prayer. Lord what

shall I do? So I'd say three or more times a day.

Question: While dealing with difficult times in my life, I don't get much personal strength and support from God.

Answer: I strongly disagree with that. Because I know that when my husband passed, oh, I was so wrought,... I just didn't know which way to turn or what... and I was so heavy.... I think I told you this, that I stayed out of school a month... and I prayed and I prayed... I went out in the yard... we hadn't gotten the grass and the flowers, but we had the big trees.... my home was in the neighborhood... a beautiful home... and I went out there in that yard, and I would dig and dig and I would plant... and I would cry... and don't you know, that after about a month, I was able to go to school and that heaviness seemed to lift.... and I know those prayers and God was with me... otherwise I may have been like a friend of mine.... had a friend who lived up north... and her husband died of a heart attack... he played in a band. And she went home, and actually died. She let her yard dry up, her home just went to pieces... and she got into the bed and just died. Life wasn't worth living for her. Do you see the difference? I just kept going. I have friends now, who say they don't know how I have done what I have done, with the obstacles I have been through. These have been quite a few... with my son... he called me and said, "Mama, have I ever said to you, forgive me for all the bad things I have done in your life...." He called me up about two weeks ago. Let go and let God. Sometimes we don't do that.... I would pray, then take it back... I'd go in my bedroom and cry and cry and get away from the world. I just couldn't face the world. I learned.

Mrs. P., age 71, said things were not getting worse as she got older. She was happy and satisfied with life.

Question: As you get older, are you less useful?

Answer: That's a hard one, I mean, when you have been raising children and everything, and they are all gone, you feel less useful in that way.... but actually I have more time to be more useful in other things I have been doing.

Question: Do you sometimes feel that life isn't worth living?

Answer: Mother often does, I don't know how she would answer it, she scares me sometimes when she gets depressed about things.

Question: Do you experience God's intervention in your life in any concrete or personal way?

Answer: Mrs. P. gave the story of her conversion of faith. She recounted how she had studied and read for twelve years before she made the decision. Mrs. P. said she realized later on in life that she had been searching for her faith. She felt that there had been no family pressure. She had taken inquiry classes on her own initiative. It was two years later before she had a spiritual desire for conversion.

Question: Do you feel most fulfilled when in close communion with God?

Answer: Mrs. P. felt she strongly agreed with this statement.

Question: Although you believe in religion, do you feel there are many more important things in life?

Answer: No. Faith should be the center of one's life.

Summary Review of Study Results

Table 5.7 relates to the survey questions which relate to individual belief in prayer helping to cope with the problems of aging. The survey questions were arbitrarily selected because they presented two different approaches to the question of religious belief and coping. The questions taken from the Survey of Religious Beliefs, Practices and Experiences were as follows:

No. 14. I have a personally meaningful relationship with God.

No. 15. While dealing with difficult times in my life, I don't get much personal strength and support from God.

No. 17. Private Prayer is important in my life.

No. 20. Prayer does not help me to cope with difficulties and stress in my life.

Participants were asked how much they agreed or disagreed with each item. Items were ranked as follows:

Strongly agreed	-	1
Moderately agreed	-	2
Slightly agreed	-	3
Slightly disagreed	-	4
Moderately disagreed	-	5
Strongly disagreed	-	6

Thirty-two members of the control group were studied and thirty-two members from the general population, randomly selected, were studied. See Statistical Table 1, which follows.

Mean responses to the Survey Questions for the control group were:

Question 14	=	1.50
Question 15	=	4.53
Question 17	=	1.47
Question 20	=	4.75

Mean responses to the Survey Questions for the general population were:

Question 14	=	1.34
Question 15	=	5.75
Question 17	=	1.34

Question 20 = 5.69

Mean Responses to Survey Questions:

1.50 4.53 1.47 4.75

Answers to Survey Questions relating to individual belief in prayer helping to cope with the problems of aging--General population.

(Mean Income: \$743.57, Age: 77.83.)

Mean responses to survey questions:

1.34 5.75 1.34 5.69

Gender, age, race, marital status, financial status and health were gleaned from the Quality of Life Questionnaire. The statistical report indicates the mean values for the veterans group to be 74.53 for age, \$623.44 for income, and 2.22 (below fair) for health. The median income for the veterans was \$500.00 monthly.

The general population of seventy people had mean values which were 77.83 for age, \$743.57 for income, and health ranked at 1.50 which is better than fair. The median income was \$700.00.

CONTROL GROUP DATA

(Veterans Out-Patients)

(Stand. De.: Age = 10.13, Income = \$237.42.)

(Median income = \$500.00.)

Mean values for Veteran's group:

AGE	Income	Health
74.53	\$623.44	2.22

RANDOM GROUP DATA

(General Population)

(Stad. Dev.: Age = 8.99, Income = \$227.47.)

(Median income = \$700.00.)

Mean values for general population:

AGE	Income	Health
77.83	\$743.57	1.50

The survey results indicate that the veterans had a difference in income which was lower than the general population. The mean values regarding age and health were lower than the general population. As the veterans were predominantly selected from a patient and medical background there is indication that further research is needed with this population.

Case situations which follow indicate some of the needs of older people relative to health care and the need for professional cooperation and sharing among those who service these communities.

Case Situation A

A seventy-six year old veteran cares for his wife, also a veteran. She is bed-bound, with multiple sclerosis. She has had a series of strokes. She must use a catheter. The husband tenderly cares for her personal needs. Both were strong in their belief in God and said that their faith was the most important influence in their lives. Private prayer was important in their lives. Mr. recounted his escapes from

death during his period in the military. Despite his wife's serious condition, both said they experienced God's love and care for them. Both were interested in pastoral counseling.

Case Situation B

An eighty-one year old veteran, a widower, stated that he had lost his wife. They had been married many years. He felt that prayer had helped him to endure this loss. He felt that his relationship with God had helped him with his loneliness. This patient was most responsive to care and interest shown during the pastoral interview.

Case Situation C

One veteran cited three instances during World War II where a change in military orders saved his life. Each of three groups he had been with during the war had been wiped out. As a survivor, he felt he had experienced an intervention in his life which was a part of the Divine plan. This was not so much for him but for the people he had encountered later on in life. He was devoted to his wife, whom he met after these incidents and they had had a long marriage of commitment to each other. The patient thoughtfully reflected on his faith and religious beliefs.

Case Situation D

This caregiver is eighty years old. She stated she feels most fulfilled when she is in close communion with God. She feels she is able to help her wheelchair bound husband, who is eighty-one years old. He is a Navy veteran. He paints and

draws beautiful seascapes, ships and landscapes. He is also proficient in crafts. The couple expressed the feeling that they felt the presence of God and that their faith involved every aspect of their lives.

Case Situation E

This caregiver cares for her brother, a veteran, who is completely dependent on her. She reported that her faith has helped her to care for him, and that as she ages, she copes with worry by prayer. She is able to communicate with her brother who is wheelchair bound and who has difficulty speaking. She is aware of their mutual religious culture which she finds supportive.

CHAPTER 6

Pastoral Counseling and Creative Ministry

This chapter will look at three issues. The first section will examine the influence of theologians whose work on the theology of aging were significant for this study. They point out the need for the development of self-awareness on the part of pastoral counselors as they minister to the aged. The second section will consider the religious significance of this study. The third section will look at the implications of the study for pastoral counselors in work with the increased numbers of aged populations in the years beyond 2000. The closing statement will consider conclusions and ideas for further research.

Theologians and Pastoral Counselors of the Aged

The thought of Henri Nouwen was inspirational for this dissertation. The thesis that religious beliefs, experiences, and behaviors have a positive association with the ability of Americans of Judeo-Christian heritage, who are over sixty-five years of age, to cope with the increases in physical disabilities and dependencies in older adulthood, was influenced by his thoughts about aging and about creative ministry.

Nouwen, with Walter Gaffney, describe the meaning of aging:

Aging is the turning of the wheel, the gradual fulfillment of the life cycle, in which receiving matures in giving and living makes dying

worthwhile. Aging does not need to be hidden or denied, but can be understood, affirmed, and experienced as a process of growth by which the mystery of life is slowly revealed to us.¹

As we speak about the life cycle for individuals it is important to remember that we have only one life to live. Our time is limited and as we face mortality there is a need for thoughtful reflection as to the meaning of our lives.

Although we have only one life cycle to live, although it is only a small part of human history which we will cover, to do this gracefully and carefully is our greatest vocation.²

Reflecting on scripture, we can think of St. Paul's letter to Timothy. He speaks of having run the race. Nouwen and Gaffney illustrate this thought when they comment on the possibility of growth in aging with respect to giving to subsequent generations.

When aging can be experienced as a growing by giving, not only of mind and heart, but of life itself, then it can become a movement towards the hour when we can say with the author of the second Letter to Timothy, "As for me, my life is already being poured away as a libation, and the time has come for me to be gone. I have fought the good fight to the end, I have run the race to the finish; I have kept the faith." (2 Tm 4:6-7)³

The interviews with the participants in this study were marked by a calmness and the assuredness of their faith and the religious belief in God. The peace and quiet belief were evidenced by their clear and truthful responses to the items

¹ Nouwen, and Gaffney, 14.

² Nouwen and Gaffney, 14.

³ Nouwen and Gaffney, 14.

on the questionnaires. Each individual wanted to be listened to as they reflected on their lives and their part in human history. It was observed that some very ill patients handled the interview event with dignity and gave of themselves as they shared pain as well as joy that had occurred in their lives.

Nouwen's thought about creative ministry and modern man is helpful for pastoral counselors and those who would minister to and with the aged and their families.

If a minister wants to be of real help in his contact with people, he has to be a professional with special information, special training, and special skills. But if he wants to break through the chains of our manipulative world, he has to move beyond professionalism, and through self-denial and contemplation become a faithful witness of God's covenant.⁴

The pastoral counselor in ministry to and with the aged needs to be skillful and caring. There is a need for understanding human suffering and losses. Nouwen comments,

The minister who cares for people is called to be skillful but not a handyman, knowledgeable but not an imposter, a professional but not a manipulator. When he is able to deny himself, to be faithful and to understand the meaning of human suffering, then the man who is cared for will discover that through the hands of those who want to be of help God shows his tender love for him.⁵

In visits with older people in a pastoral counseling context, this author noted that the development of a

⁴ Henri J. M. Nouwen, Creative Ministry (Garden City, N.Y.: Doubleday, Image, 1971), 64.

⁵ Nouwen, Creative Ministry, 65.

relationship which was caring and sensitive to the meaning of human suffering (for the individual being seen) was important for the development of empathy and understanding. People were very reticent about sharing their deep feelings regarding their faith.

In his discussion of the tasks of ministry, Nouwen suggests that the main task of the minister is to prevent people from suffering for the wrong reasons. Being present to people when they are suffering requires honesty and awareness of their living conditions. Many people are lonely and fearful. They are surprised by their doubts and limitations.

Many people suffer because of the false supposition on which they have based their lives. That supposition is that there should be no fear or loneliness, no confusion or doubt. But these sufferings can only be dealt with creatively when they are understood as wounds integral to the human condition.⁶

Many of the older people, especially those who were sick, were able to accept their brokenness and so moved on to contribute to their families and their communities. They were able to share their pain and with reflection on their faith and belief in God seemed to transcend these conditions.

Therefore ministry is a very confronting service. it does not allow people to live with illusions of immortality and wholeness. It keeps reminding

⁶ Henri J. M. Nouwen, The Wounded Healer: Ministry in Contemporary Society (Garden City, N.Y.: Doubleday, Image, 1972), 93.

others that they are mortal and broken, but also with the recognition of this condition, liberation starts.⁷

Caring for the aged is difficult unless we are aware of our own vulnerability. The need that Americans have to stay young and to deny their aging was discussed at the beginning of this dissertation. It is important for pastoral counselors to be conscious of their own feelings about their own aging. Fear of personal aging and the limitations brought on by aging make it difficult to identify with older people successfully. Nouwen describes this as follows:

To care for the aging, therefore, means first of all to enter into close contact with your own aging self, to sense your own time, and to experience the movements of your own life cycle. From this aging self, healing can come forth and others can be invited to cast off the paralyzing fear for their future. As long as we think that caring means only being nice and friendly to old people, paying them a visit, bringing them a flower, or offering them a ride, we are apt to forget how much more important it is for us to be willing and able to be present to those we care for.⁸

It was important during our visits with the participants in this study that they were interviewed within a pastoral counseling context. Effort was made to be fully present with each person. Nouwen raised questions about this process. He asked:

And how can we be fully present to the elderly when we are hiding from our own aging? How can we listen to their pains when their stories open wounds in us that we are trying to cover up? How

⁷ Nouwen, Wounded Healer, 93.

⁸ Nouwen, "Human Journey," 130.

can we offer companionship when we want to keep our own aging self out of the room, and how can we gently touch the vulnerable spots in old people's lives when we have armored our own vulnerable self with fear and blindness?'⁹

It is possible when we look at older people, such as parents or friends, that we find it painful to accept them in this condition and then to look at our own aging.

Nouwen suggests, in answer to some of these questions regarding ministry with the aging, that

Only as we enter into solidarity with the aging and speak out of common experience can we help others to discover the freedom of old age. By welcoming the elderly into our aging self we can be good hosts and healing can take place.¹⁰

What do we do when we visit people? What kind of gifts do we bring them? As ministers we represent the faith community sharing its love and concern. Perhaps we might be the last point of contact an individual will have with the outside community. The gift of visitation is described by Nouwen as he raises the issue of being present to people. He wonders:

"Why should I visit this person? I can't do anything anyway. I don't even have anything to say. Of what use can I be?" Meanwhile, we have forgotten that it is often in "useless," unpretentious, humble presence to each other that we feel consolation and comfort. Simply being with someone is difficult because it asks us that we share in the other's vulnerability, enter with him

⁹ Nouwen, "Human Journey," 131.

¹⁰ Henri Nouwen, "The Human Journey: Aging and Dying," in Seeds of Hope: A Henri Nouwen Reader, ed. Robert Durbach (New York: Bantam Books, 1990), 131.

or her into the experience of weakness and powerlessness, become part of the uncertainty, and give up control and self determination.¹¹

In becoming present to the persons we are called to serve in ministry, the pastoral counselor needs to pay attention to the individual.

When someone listens to us with real concentration and expresses sincere care for our struggles and our pains, we feel that something very deep is happening to us. Slowly fears melt away, tensions dissolve, anxieties retreat, and we discover that we carry within us something we can trust and offer as a gift to others. The simple experience of being valuable and important to someone else has a tremendous recreative power.¹²

The people who were participants in this study were Americans from different sections of the country who had selected this part of the country for residence. These older Americans have been exposed to similar historical national events. These participants live in a modern era and have been introduced to technology which includes computers, television, and space travel. Medical and surgical procedures are seen on television. It is an age of transplants and the replacement of body parts such as hips and other prothesis devices.

Ministry to modern man requires the need to rediscover the power of spiritual life.

Transcending power of the spiritual life by which man is able to stand strong even when surrounded by

¹¹ Donald P. McNeill, Douglas A. Morrison, and Henri J. M. Nouwen, drawings by Joel Filartiga, Compassion: A Reflection on the Christian Life (Garden City, N.Y.: Doubleday, Image, 1983), 14.

¹² McNeill, Morrison and Nouwen, 81.

shifting ideologies crumbling political, social, and religious structures, and a constant threat of war and total destruction.... But this way of the transcendental experience is a way that requires ministry.¹³

Ministry for modern people in the 1990s requires that there be individuals who prepare and have training which enables them to respond to their call to service.

It calls for men and women who do not shy away from careful preparation, solid formation, and qualified training but at the same time are free enough to break through the restrictive boundaries of disciplines and specialties in the conviction that the Spirit moves beyond professional expertise.¹⁴

The work with the different disciplines in this study, particularly with the veterans, illustrated some of this thought. All of those working with the patients were interested in sharing knowledge in a constructive manner which made for a holistic approach to the needs of the patient and his or her family. There was concern about the spirit of the patient, whether there was a positive attitude or one of despair. The interview with the pastoral counselor was welcomed in all instances as an opportunity for people to talk about God in their lives.

The results of the interviews with older people indicated that many of them had been able to stand strong in their religious beliefs and so could minister to and could accept ministry with the researcher. They felt cared about as they

¹³ Nouwen, Creative Ministry, 118.

¹⁴ Nouwen, Creative Ministry, 118.

were listened to.

The thought of William Clements and his personal ministry with the aging has influenced the writing of this dissertation. His concern about our society's attitude toward aging, which is reflective of a youth-oriented culture, was important. Clements' concern encouraged research with older people to obtain from them their feelings and to find out whether their religious faith and beliefs were of help to them in coping with questions of meaninglessness, dependency, and disability.

Clements helped this writer to look at some of the ambivalence in our society about aging. He notes that "when society does admit the existence of the aged, the admission is all too often accompanied by decidedly negative overtones. We think immediately of dreary nursing homes filled with helpless, senile caricatures of human beings."¹⁵ He suggests that "as religious communities we have failed to relate our reflections about aging to the substance of our faith."¹⁶ His reflections pointed to a need for additional research. He comments further:

This chasm within our theological traditions has its parallel also in secular society where we have

¹⁵ William M. Clements, Care and Counseling of the Aging (Philadelphia: Fortress, 1979), 6.

¹⁶ Clements, Care and Counseling, 6.

both neglected the study of aging (gerontology) and institutionalized our disregard for aging persons.¹⁷

Clements' personal interest in the pastoral care of the elderly was most encouraging. His insights from life-cycle psychology, process theology, and psychosynthesis have made a contribution to the literature for pastoral care and counseling.

A comment, which was inspirational in the writing of this dissertation, made by Clements, was:

As we learn to value persons across the entire life-span we may begin to actualize the wholeness God has intended for us.¹⁸

Religious Significance of the Study

This study involved a sample of American people who had lived in various parts of the United States. They had been exposed to a variety of mutual experiences, as many in the cohort had lived through World War II, the subsequent American wars, and the Great Depression. It was discovered that each participant had some interest in religion at this time in their lives according to the results obtained from the questionnaires.

A predominant number of the participants indicated that they used prayer which helped them to cope with difficulties. While the homebound could not attend church they were aware of the existence of God. Some were able to say that they, though

¹⁷ Clements, Care and Counseling, 6.

¹⁸ Clements, Care and Counseling, 65.

ill, could still experience God's love and care for them. Many did not believe God was impersonal and not interested in their daily situations.

The evidence from the results of this study supports the thesis of a positive impact of Judeo-Christian based religion on the lives of older people, enabling them to cope with the difficulties and stress of old age.

The discussion of personal religion was sensitive. People were candid when they felt at ease and could trust. The average person took his or her feelings about religion very seriously. They shared deep feelings only when they felt they were heard or really being listened to. They dared to share some of the more painful issues in their lives. Sometimes they are in constant prayer for family or personal need. A recent article in Life magazine on the subject "The Power of Prayer: How Americans Talk to God" reported on the result of a telephone poll of 688 adults conducted by the Gallup organization for Life in December 1993.

In a world where many have reason to thank God for his blessings and many more are moved to implore his mercy, humankind is praying in astonishing numbers. Although less dramatic than the sectarian passions of the Middle East and hardly as exuberant as Russia's religious revival, spiritual fervor is simmering in the U.S., too. A recent LIFE survey indicates that nine out of 10 Americans, ignoring speculation that God is dead, pray frequently and earnestly--and almost all say God has answered their prayers.¹⁹

This study conducted by Life magazine seems supportive of our

¹⁹ "The Way We Live: Why We Pray," Life, March 1994, 54.

dissertation study in that it indicates Americans do pray. The telephone poll indicated that 25 percent of the people prayed at least once a day, 51 percent of the people prayed twice a day, 24 percent of the people prayed three or more times a day. Ninety-eight percent of the people praying prayed for family, 92 percent prayed for forgiveness, 23 percent prayed for victory in a sports event, while only 5 percent prayed for harm to befall someone. The Life study asked people how long they usually prayed: 8 percent said they prayed for 1 minute, 47 percent said they prayed 5 minutes or less, while 28 percent prayed 1 hour or more.²⁰ These statistics compared with the statistics secured in our study of older people. It would appear that older people may not visibly express prayer or be unable to go to church, but intrinsically they have memories of a life long association with prayer. The children in the study conducted by Life magazine were able to express verbally and intrinsically their prayer as did the young adults.

It may be that older persons carry within themselves a sense of the communion of saints. The communion of saints may be defined as "Fellowship with other Christians through Christ" (John 15:1-7). Catholics hold that this fellowship extends to all saints, living or dead, through prayer.²¹

²⁰ "Way We Live," 58-60.

²¹ Donald T. Kauffman, The Dictionary of Religious Terms (London: Marshall, Morgan and Scott, 1967), 126.

Faith may be a part of their memories about which they could reminisce and validate themselves. Older people may be intrinsically able to commune in prayer.

The Life magazine poll asked whether prayers were ever answered. Ninety-five percent of those polled indicated yes.²² Older people in their faith journeys have tested their prayers and many were confident in our dissertation study that their prayers were answered.

The responses in our dissertation study indicated that there is more than ever a need for ministry with the aging populations. As indicated in the Life magazine study, 98 percent of the people polled were praying for family. There are many widows and widowers quietly struggling with bereavement issues. In the early church there was a place for widows who offered prayers and service to the community of faith.

The Early Church encouraged prayer at home and meetings of prayer in the church. The prayer of praise and thanksgiving was in particularly high favor. The prayer of intercession was also practiced for the needs of all, and it was much more developed and diversified than today. The elderly were the basis of the community in these prayer meetings, possibly because the younger members were prevented from fully participating by the other duties of their active life. Therefore, just as in the Early Church, the service of prayer --if it existed and were appropriate--could be

²² "Way We Live," 62.

regularly attended by a group of elderly parishioners, and completed by the prayer of many others at home.²³

There are parents with adult children who have serious marital problems, or substance abuse difficulties. There are parents whose children are divorced and these grandparents can no longer see or visit their beloved grandchildren. There are many intergenerational problems carried in the hearts of the elderly people who need pastoral care and counseling.

Widows in particular are important because in our study we noted there were more older women than men. As we look back at the early church we find that, even as today, prayer was very important. During the apostolic period,

The "faith" ... which widows owe to the Lord parallels the "pledge" ... in 1 Timothy 5:12. "Praying unceasingly on behalf of all" recalls 1 Timothy 5:5.... Also, "refraining from all slander, gossip, false witness" echoes Titus 2:3 ... and 1 Timothy 5:13 ... The idea that widows are the "altar of God" ... may be understood in two different ways: (1) that widows, who live by the generosity of the faithful, are like altars upon which these gifts are offered to God; or (2) that widows owe uninterrupted prayer to God.²⁴

This study has religious significance because it supports the ministry to and with older people. It indicates that there continues to remain a strong interest in religious

²³ Jean Laporte, "The Elderly in the Life and Thought of the Early Church," in Ministry with the Aging: Designs, Challenges, Foundations, ed. William M. Clements (San Francisco: Harper and Row, 1981), 52.

²⁴ Roger Gryson, The Ministry of Women in the Early Church (Collegeville, Minn.: Liturgical Press, 1976), 13 as quoted in Bonnie Bowman Thurston The Widows: A Women's Ministry in the Early Church (Minneapolis: Fortress Press, 1989), 71.

beliefs and practices among older people. It indicates that there continues to be a ministry which older people give to those who minister to them, which is often surprising to ministers/counselors.

Implications for Pastoral Counselors

The results of this study indicate that there is need for the pastoral care and counseling of many aged people in our communities.

The mean age for the women in the sample was 74.731. The mean age for the men was 79.606. In a youth oriented culture like America, people of this age seem old to younger students in ministry. It would be important in the training of professional people that they be sensitive to their own issues about aging.

Older people often suffer a variety of chronic diseases. It would be vital if the many social, psychological and medical disciplines involved with the aged person collaborate and communicate with pastoral counselors. Pastoral counselors have access to the family and the church congregations.

The adult children often need the help of the Pastoral counselor around family situations that develop between the generations.

Pastoral counselors need to be aware of those parishioners who live alone. Some may need special help with food and could be assisted by organizations such as Meals on Wheels.

A theology of ministry to the aging in future decades must consider decisions regarding current life events of the present cohort of Americans. The projected increase in life span requires awareness of the fact that the emergence of a large group of those over eighty years of age will require the development of new methods for the treatment of social, emotional, physical, and spiritual conditions.

Training and supervision of pastoral counselors for ministry to the projected increase of older people in faith communities will require the pastoral counselor to have awareness as to personal feelings about aged people.

Ministry with older people should include training for the pastoral counselor to broaden his or her understanding of the aging process, the effects of retirement, and personal life changes.

Ministry with the aging requires that pastoral counselors understand the impact of technological changes in health care, social and psychological services. Work with other professionals, in mental and physical health, or in social agencies, who may be servicing the same older person, is paramount if the person is to receive holistic care. Ministry with the aged person and the family can be enhanced by this kind of cooperation.

Medical and psychological situations which are often catastrophic for most people, such as Alzheimers and related diseases, renal failure requiring dialysis, the implantation

of a pace maker, amputation of limbs, operations for transplants, are the different kinds of shock which effect all members of the family, emotionally and spiritually.

Bereavement issues require the development of Bereavement Ministry teams, trained especially for this ministry.

Ministry training for pastoral counseling with the generational family should encompass an awareness of the spiritual needs of the older person as well as those of the adult children caught in the sandwich generation between their parents and their children.

Issues concerning financial resources might be a basis for sensitive ministry with these older people. It should be a ministry of listening and affirmation of the contributions made by these people who now find themselves older and with diminished income.

The review of the responses to the religiosity questions by the participants indicates strong feelings of faith which may help older people to continue to cope with disability and the dependencies of aging. Supportive to these strong feelings would be the special ministries to and with the Sick and the aged. These ministries would be life sustaining and supportive of mental and physical health.

Many of the persons interviewed in this study were homebound or handicapped. Pastoral counseling would have been helpful to the care-giving spouse, as well as the handicapped person.

The pastoral counselor, as a part of the church, has a great opportunity to see and be with the family throughout life. People bring children to the church, and many children have opportunity to be a part of the church. Adults participate in marriages and funerals. Some older people have no families. Pastoral counselors may assist in the creation of outreach ministries to the aging populations.

Closing Summary

Older people may cope with aging, disabilities and dependency when they are able to use their religious beliefs, experience and faith to help them. Mental and physical health may be strengthened when the spiritual aspect of the person is also considered. Pastoral counselors working with other disciplines may enable the older person to be perceived in a more holistic manner. Pastoral counselors as church representatives are the only constant factor in the lives of many Americans who attend church as children and adults.

As the body of the older person begins to slow down and to weaken, as well as become possibly subject to an increase in stress, the social and health agencies may become involved in the care of this person. It is important that there be pastoral interest and concern for those who become increasingly infirm. The work of all those serving the patient needs to be shared in a professional manner in order to provide holistic care.

The ready availability, low cost, and often greater

acceptability of the church, as a mental health resource, must be emphasized, particularly for a population which often subsists on a fixed income, and that in the past has shown substantial resistance to psychiatric referral due to stigma often associated with such treatment.²⁵

Results and the Research Objectives

The primary objective of this dissertation was to explore with older people, in a pastoral counseling context, the impact of their religious faith as expressed in attitudes, beliefs and behavior, as these were associated with overcoming feelings of despair with the continuous advance of limitations due to old age. The participants were Americans of Judeo-Christian heritage, after retirement at age 65 or older.

The responses of the participants gave a consensus of opinion that their religious faith had helped them overcome feelings of despair when they had to deal with increasing limitations. In the context of a pastoral counseling setting, where they had confidence that they were listened to, they were able to share inner feelings about their faith which they said, in many instances, helped them to survive many grief issues. Life review was used as a supportive measure to help with unresolved feelings which emerged during the process.

The open endedness of the questions, some of which were worded negatively, allowed for choice of response. Respondents were obliged to consider, thoughtfully,

²⁵ Koenig, Smiley, and Gonzalez, 155.

disagreement or objection. There was avoidance of social pressures for a right or wrong answer.

Reasons for more religiousness in old age might be due to increased health problems and the stress of facing one's own mortality. The Gospel and the good news of the resurrection of Jesus Christ offers hope. Faith may have an impact on illness and participants were able to consider this.

Faith and trust in God's power to heal is documented in the Bible. The Judeo-Christian scriptures speak of God's promises to the sick and the old who are faithful.

Faith requires action on a belief in the absence of objective or empirical evidence. Unlike belief and hope, faith is substance (revelation) and itself maybe considered evidence. From a theological sense, faith accepts God's word for things not seen. The religious person may not evaluate or appraise their situation on the basis of what they have seen, but rather on the religious teachings on which their faith rests. Faith is acknowledgement and acceptance of the facts, and a confidence and security in the outcome.²⁶

It has been pointed out that as older persons with acute or chronic illness face situations that they and those around them are helpless to deal with, religious faith might serve to sustain hope and fuel their will to live. It might also assist people to accept those things that cannot be changed and save them from the frustration and internal restlessness that breeds depression and mental illness.²⁷

A secondary objective was to respond to the work of other

²⁶ Koenig, Smiley, and Gonzalez, 46-47.

²⁷ Koenig, Smiley, and Gonzalez, 46-47.

professions who had invited the participation and sharing of those trained in pastoral counseling. Sought was the development of a positive theology of interpersonal relations regarding death, illness and aging which would be necessary before we could successfully care for and counsel persons undergoing crises in these areas of life. It was considered that the framework of meaning within the Christian cultural context of Church might be of great assistance in bridging gaps between secular and health professions which also service the aging.

Some of the issues which emerge are the need for an expansion of ministries to include the elderly and their families. The fact that these issues are intergenerational becomes significant when people have longer lives which requires planning for possible thirty to forty years after retirement or employable years.

Wayne Oates comments that

Pastoral counselors do bring a new consciousness to the health profession when they consistently communicate their own body of data in the treatment process.... The body of data of the pastoral counselor is his knowledge of the combination of magic and faith in cultural religions, his knowledge of the pluralistic forms of American religion with their European and Oriental backgrounds, his knowledge of ethics, both Christian and Jewish, as well as secular ethical cross currents, his knowledge of the social-class overtones of ethical behavior, his knowledge of the specific teachings of the Bible and how to interpret them creatively and healthily, his knowledge of prayer, his knowledge of the philosophy and poetry of human suffering, his knowledge of the process of grief, his knowledge of the normal or existential crises common to all men

and women, and the great crisis of facing death. This is the stuff of his professional competence. If he consistently communicates this body of knowledge in the milieu of the health professions, then he begins to bring a new consciousness to the health professions.²⁸

It is so important for the patient, the elder, that there be communication and respect between the disciplines responsible for his care. The building of communication bridges between the professions can initiate the development of expanded ministries of service, such as was demonstrated by the special rehabilitation team at the veteran's hospital which participated in this study.

Identity within the mental health field for the pastoral counselor requires an understanding of basic human needs and an awareness of the troubled and sick in our society needing help, but unable to seek that help. Interdisciplinary professional sharing may facilitate the individual obtaining help.

According to Ann Belford Ulanov,

Pastoral counselors bring a new consciousness to the mental health field and with it the equipment to exercise two precise kinds of skill. They are conscious of the paradox of their faith and the double ministry that goes with it. They know from their own experience that their ministry is both to those at the lowest levels of society--those poor in spirit if not in material wealth, those full of anxiety, those abandoned by other professionals--and to those at the high peaks of human accomplishment who nonetheless feel themselves

²⁸ Wayne E. Oates, A Symposium on Pastoral Counseling 1972. "Do Pastoral Counselors Bring a New Consciousness to the Health Professions?" Journal of Pastoral Care 26 (1972): 256.

abandoned for lack of a clear sense of value in their lives.... The kinds of people who seek out the pastoral counselor are proof enough of the necessity for his skills in our society. He has both the lowest and highest kinds of therapeutic task to do.... To perform this dual ministry the pastoral counselor must unite with his psychotherapeutic training the resources of his religion. He needs tough, thorough training in the application of spiritual exercises to psychotherapy. A clergyman's belief in the paradoxes of the eternal's appearance in history, of the transcendent living in the flesh of daily experience, should provide him with a perspective from which to see a different possibility for those he counsels than mere recovery to the acceptance of the status quo.²⁹

For pastoral counselors, it is important that there be self awareness as well as empathy with those we seek to minister with and serve. Consciousness of self and feelings about our own aging require some self examination.

When we select ministry with the aged, how are we doing theology? Theology of the aging requires that we see Christ in the individual before us. Issues which emerge from this study which are significant for theologians are related to the pain Americans who are aged feel about being old and becoming dependant on others. American society has glorified youth and health. It admires our athletic achievers, the gold medal Olympic winners. Our industries suggest that we cover age as long as possible, with hair color, clothing, accessories.

Honor thy father and thy mother. In America, one of the

²⁹ Ann Belford Ulanov, A Symposium on Pastoral Counseling 1972. "Do Pastoral Counselors Bring a New Consciousness to the Health Professions?" Journal of Pastoral Care 26 (1972): 255-57.

fears of the aged is to be put away into a home. The consciousness of senior abuse uncovered filial mistreatment in the area of financial control, physical and emotional abuse. This issue often passes unnoticed in our churches. Parents do not like to report on the mistreatment by their adult children, to their pastor or priest because of personal shame.

The following poem was found with the belongings of an elderly woman who died in the Geriatric Ward of a hospital near Dundee, Scotland.

"....Look Closer, See Me"

What do you see nurses, what do you see?
 What are you thinking when you are looking at me--
 A crabby old woman, not very wise,
 Uncertain of habit, with far-away eyes.
 Who dribbles her food and makes no reply,
 When you say in a loud voice--"I do wish you'd try."
 Who seems not to notice the things that you do.
 And forever is losing a stocking or shoe.
 Who unresisting or not, lets you do as you will,
 With bathing and feeding the long day to fill.
 Is that what you are thinking--is that what you see?
 Then open your eyes, nurse, you're not looking at me.
 I'll tell you who I am as I sit here so still;
 As I come at your bidding, as I eat at your will,
 I'm a small child of ten with a father and mother,
 Brothers and sister, who love one another.
 A young girl at sixteen with wings on her feet,
 Dreaming that soon now a lover she'll meet;
 A bride soon at twenty--my heart gives a leap;
 Remembering the vows that I promised to keep;
 At twenty-five now I have young of my own;
 Who need me to build a secure happy home;
 A woman of thirty, my young now grow fast,
 Bound to each other with ties that should last;
 At forty, my young sons have grown and are gone,
 But my man's beside me to see I don't mourn.
 At fifty, once more babies play round my knee.
 Again we know children, my loved one and me.
 Dark days are upon me, my husband is dead,
 I look at the future, I shudder with dread,
 For my young are all rearing young of their own,
 And I think of the years and the love that I've known.

I'm an old woman now and nature is cruel--
 'Tis her jest to make old age look like a fool.
 The body it crumbles, grace and vigour depart,
 There is now a stone where I once had a heart;
 But inside this old carcass a young girl still dwells,
 And now and again my battered heart swells.
 I remember the joys, I remember the pain.
 And I'm loving and living life over again.
 I think of the years all too few--gone too fast,
 And accept the stark fact that nothing can last
 So open your eyes, nurses, open and see,
 Not a crabby old woman, look closer, see me.³⁰

Jesus warns Peter about being old and girded and led where he does not wish to go. The care of the aged who are confined to homes needs the interest of the church. This issues is important for theologians to address as they teach and preach the gospel to their people.

Religious Faith

Why write such a study? What is the importance of a study of people who are in the last cycle of life? Has not Death always been with us as humans? Perhaps this is why humankind fears the end of life as we experience it. Old age, marked as it is by increasing limitations, changes in life style, many losses, would be bleak and desolate, were it not for the hope offered by the resurrection of Christ and the promise of eternal life in the good news of the gospel.

There is possibility for "growth through diminishment."³¹ The participants in this study in many ways

³⁰ Published and distributed courtesy of the Peninsula Hospital Center, Far Rockaway, New York, and Greater New York Hospital Association.

³¹ Eugene C. Bianchi, Aging as a Spiritual Journey (New York: Crossroad, 1982), 180.

exemplified their growth in giving of themselves to their families and sometimes to their communities. They answered questionnaire items with a majority indicating that they were available for friends and family when needed. In the very act of embracing the diminishments of age through faith, one continues to contribute to the development of the world.³²

What is the thesis of this study? The thesis of this study, revised through the contact with the participants, is that for Americans with Judeo-Christian heritage, over 65, there is an association between religious faith, expressed in religious beliefs, attitudes and behaviors, and their ability to cope with increasing limitations.

Religious faith for this study enfolds the idea of change as the individual grows through the life cycle into maturity. Of importance is church where faith is introduced and nurtured. Marjorie Suchocki notes:

Throughout the centuries and throughout the earth there are those who have responded to Christ in faith. Each one,...has been united with Christ in God; each one,...has received a christly possibility for the immediate future, formed in conjunction with her or his personal past situated in time and culture. With the union in Christ, each one,...has an identity formed through faith in Christ. The church is the community of all those whose identities have been so formed through faith, and the church is the community through whom the proclamation is given that makes for faith.³³

³² Bianchi, 182.

³³ Marjorie Hewitt Suchocki, God, Christ, Church: A Practical Guide to Process Theology, rev. ed. (New York: Crossroad, 1992), 137.

How might religious faith be described for the older person who lives with continuing diminishments? Bianchi gives the following examples:

To be religious, among other things, is to confront the boundaries of life and death, to grapple with hope and despair, to puzzle over decisions of good, evil and mixtures of both. It means walking to the edges of the mystery at the heart of existence. Such encounters in the midst of the challenges of aging open a person to transcendent experiences, to the numinous, with its wonder, blessing, and terror.³⁴

How does an older person cope or deal with or overcome problems which cause diminishment? Does the strength of religious faith sustain those who successfully cope? In a study of patients, families, nurses and physicians, religious coping was noted as the most important factor enabling individuals to cope.³⁵

Participants were asked if they had experienced the intervention of God in their lives. Many indicated that they had had this experience. In the difficult times in their lives, they felt that they had been helped to cope with problems. They reported a calming influence and said that prayer had helped them to survive. Robert D. Marston reports this same phenomena in his study of Christians and atheists/agnostics relative to the presence of God during times of need.

³⁴ Bianchi, 177.

³⁵ Koenig, Hover, Bearson, and Travis, 259.

The phenomenological, psychological, and theological implications of the experience of God's presence during times of need indicate that such an event can be documented as a relatively common occurrence, that it does not appear to result from psychological disorders but rather can establish within us an underlying calmness in the face of adversity, and that it can enable us to surpass our own limited abilities. The results....indicate that those who have experienced this phenomena in the past clearly expect to experience it again in the future, and this expectation enables them to go through life and to face death with a confidence and tranquility that is absent among non-believers.³⁶

The study relates to the religious faith, practice and experiences of older people. It is a study of their belief in God and their personal relationship with Him. This study looks at the theological significance of the aging process for Judeo-Christians as they face the end of their life cycle.

Further research is needed with older people who can give self-reports about the experience of personal aging. There is also a need for self reports from people with different cultural backgrounds. American congregations include people with backgrounds from Asia, Africa, South America, Europe, the middle east, Russia, China, Mexico, and Central America.

³⁶ Robert D. Marston, "Experiencing the Presence of God During Time of Need: A Case Study," Journal of Pastoral Care, 44 (Fall 1990): 264.

APPENDIX A

Introduction Letter

SCHOOL OF THEOLOGY AT CLAREMONT

November 15, 1990

To Whom It May Concern:

Vivian Thomas is a Ph.D. student in the Theology and Personality Program at the School of Theology at Claremont. She is embarking on important research in the areas of religion and coping in conjunction with her Ph.D. dissertation. Her research project is being carried out under the supervision of a faculty committee including the Dean, Allen J. Moore, Ph.D., and me.

Once she has explained the project to you, answered your questions and met your institution's requirements for conducting research with subjects, I am sure that you will want to extend to her your full cooperation. Please do not hesitate to contact me directly, in the event that you have questions or comments for me as chair of Vivian's research committee.

Sincerely yours,

William M. Clements

William M. Clements, Ph.D., Professor
Pastoral Care & Counseling, and Editor,
The Journal of Religious Gerontology

335 NORTH COLLEGE AVENUE
CLAREMONT, CALIFORNIA 91713-3199 ☐ 714 / 626-3521

APPENDIX B

COST-EFFECTIVENESS OF CASE MANAGEMENT

HBCM is a specialized health service concerned with ensuring comprehensive continuity of care to patients in their community. It is an extension of hospital care and/or outpatient services conducted through an interdisciplinary team, community agencies, caregivers and voluntary resources. The case management approach allows for a comprehensive plan to be developed in a more cost-effective manner than in a traditional HBHC program due to utilization of more resources outside the VA system.

Case management is a mechanism for linking and coordinating segments of health services and social services to ensure the most comprehensive program for meeting an individual patients needs for care. HBCM acts as a service broker and gatekeeper to services in order to facilitate patients access to care in a cost effective manner. The principle functions of case management are as follows:

1. Screening to determine if patient fits established criteria.
2. Assessment of patients physical and psycho-social status in order to determine individual problems and needs.
3. Development of care plan to specify type and amount of care to be provided.
4. Linkage with formal and informal services.
5. Implementation of care plan; coordination of service delivery.
6. Monitoring of services provided.
7. Reassessment to adjust to changing needs.

The cost-effectiveness and advantages of care management vs. a traditional HBHC program are illustrated in the following ways.

REFERRALS TO COMMUNITY AGENCIES

Patients who have skilled nursing needs are referred to community home health care agencies. This has multiple advantages both for the VA and or the patient and family:

1. Payment for these services comes primarily from Medicare or Medi-Cal. Fee Basis is used when a

person has neither of these.

2. Home care personnel are on call 7 days a week, 24 hrs. a day. They can be called on to address problems resolvable thru nursing intervention, eliminating many ER visits.
3. Under Medicare/Medi-Cal regulations, a patient is eligible for a home health aide when a skilled need is present, which is a valuable resource for maintaining a patient at home.
4. Physical therapy, occupational therapy and speech therapy are all covered under Medicare/Medi-Cal. This enables a patient to have outpatient therapy, at no cost to the VA, in his own home were he needs to learn to function.
5. HBCM covers a 60 mile radius. For our nursing staff to have to see a patient multiple times in the same week would be extremely prohibitive to our census. Reliance on outside nursing personnel enables the nurse case manager to focus on more patients at one time.
6. Utilization of community agencies provides out patients with specialized services; such as ostomy nurses and skin care nurses that do not exist at our hospital.

HOSPICE CARE

Patients who are terminally ill are referred to community hospice programs. Although this is done in other VA hospitals, case management ensures an effective linkage for this service as the intermediary between hospital and agency. A primary difficulty in a teaching hospital is that often the doctor making a referral is not a staff physician and obtaining continuing orders can be quite problematic. Case management ensures a comprehensive continuity of care.

MEDICATIONS

One of the strengths of the HBCM program is improving medication compliance. This is approached in several ways:

1. Each patient is linked with a primary physician, if they do not already have one. This prevents multiple doctors from writing orders for contraindicated medications.
2. Medications are reviewed monthly with patients and caregivers. Large stockpiles of medications are

confiscated if they are out of date or a plan is developed for using medication on hand rather than to keep reordering them needlessly.

3. A plan is developed for patients who have difficulty keeping track of medications. By using simple tools we have often seen dramatic reductions in ER visits and Walk-in Clinic visits.
4. Medicare will cover home health care agencies to make weekly visits for a number of months to help achieve medication compliance.

I.V. THERAPY

HBCM developed an I.V. antibiotic therapy program for the home three years ago. This has proven to be extremely cost-effective. Patients are referred for this program when they are medically stable and the sole reason for remaining in the hospital is to finish their antibiotic therapy. It costs \$974.00 per day to maintain a patient on surgical units and \$642.00 per day on a medicine unit.

We have tried several approaches to this aspect of our program and the current one has proven to be the most efficient. An agreement was made with Option Care, a home I.V. company, to provide services. Through them, we have reduced the number of days required to discharge a patient from an average of 8 days to 1 day. The need to come to the hospital for lab visits and to pick up the drug was eliminated. All supplies and nursing visits are included in the basic charge. This costs a minimum of \$60 per visit day and a maximum of \$195 per visit. Minimum and maximum rates are based on the frequency of dosage and multiple antibiotic therapies.

Payment source at this time is primarily Fee Basis. Most patients referred for this therapy are under 65 and not eligible for Medicare or Medi-Cal. When the patient has one of these entitlements, they are used for covered services rather than Fee Basis.

EQUIPMENT

The largest type of major medical equipment provided is the hospital bed. Two thirds of these have been provided by VA hospitals (not always our own). One-third is supplied through Medicare or the veterans own resources.

Other major medical equipment in the home includes suction machines, Kangaroo pumps and Hoyer lifts. The majority of this has been provided by the VA.

Our program has only begun to emphasize procuring these through Medicare. One of the major obstacles is families needing to meet the annual Medicare deductible and to pay the 20% that Medicare doesn't cover. This is a financial hardship--and often an impossibility--for many of our limited income patients.

CUSTODIAL CARE

A large number of elderly in the community are not eligible for traditional home care services, because they fall into the category of "custodial care." This is reflected in the HBCM census. There are generally only 25% who need skilled nursing and are eligible for direct nursing service in the home at any one time. The other 75% are maintained at home by family caregivers or informal support systems.

Case management services enables these families to continue caring for a patient at home through patient advocacy; linkage to needed services; patient education and emotional support for the family. This lifeline helps to prevent premature institutionalization as well as unnecessary visits to ER or Walk-in Clinic. Case management addresses the needs of this neglected population that otherwise have little formal supports. It is a population not at all addressed in a HBCM program.

APPENDIX C

1327 Washington Avenue
Pomona, California 91767
April 1, 1991

Dr. Harold G. Koenig
Duke University Medical Center
Center For The Study Of Aging and Human Development
Box 3003
Durham, North Carolina 27710

Dear. Dr. Koenig:

Thank you for your encouragement and our conversation last spring, in May 1990. You were very gracious and sent me copies of the instruments used in your research regarding possible relationships between religion, health and aging which enable the aged to cope with disabilities.

I have designed a research proposal for my Dissertation, entitled RELIGION AND COPING WITH AGING BY ADULTS OVER SIXTY-FIVE, which is based on your research. I am happy to say that the proposal has been approved by the faculty at the School of Theology at Claremont, California, as of December 14, 1990.

I am excited about the possibilities which may result from this study, particularly the working together of the medical, religious and social disciplines in assisting the aging as they cope with declining health and increasing dependency issues.

I have the great opportunity of working under the supervision of Dr. William G. Clements, who is professor of Pastoral Counseling at the School of Theology. He is the chairperson of my Dissertation Committee.

I have visited the Jerry L. Pettis Memorial Veteran's Hospital at Loma Linda, California, prior to the submission of my Dissertation proposal to the School of Theology. They too, were interested in the research design. I will reinitiate contact with them and their Research Department.

I would be most appreciative of your comments and review of the Dissertation Proposal, which I am enclosing, as per our conversation.

Thank you so much for the inspiration received from your presentation at the American Society On Aging Conference, Aging and the Human Spirit in San Francisco, California.

Sincerely,
Mrs. Vivian J. Thomas, ACSW

APPENDIX D

Veteran's Administration Brochure



Hospital Based Case Management



Jerry L. Pettis
Memorial Veterans Hospital
11201 Benton Street
Loma Linda, CA 92357
Social Work Service

HBCM TEAM

(714) 825-7084

or

(714) 798-9573,
plus extension

Mary McKennell
Coordinator

(2762-2094)

Public Health Nurse

2385

Public Health Nurse

2384

Public Health Nurse

2667

Public Health Nurse

2665

Sharon Newton
Occupational Therapist

(2290)

Social Worker

2590

Thom Bates
Social Worker

2575

Laura Darnell
Dietitian

(2214)

HOSPITAL BASED CASE MANAGEMENT

Hospital Based Case Management (HBCM) is a physician directed program of the Jerry L. Pettis Memorial Veterans Hospital, Loma Linda. The purpose of the Hospital Based Case Management Program is to enable veterans to be discharged from the hospital to a safe home environment and to receive a full range of in-home health care.

ADMISSION TO THE CASE MANAGEMENT PROGRAM

1. HBCM is available to veterans receiving medical care at the Loma Linda Veterans Hospital or to veterans who are at risk of requiring VA hospitalization.
2. The veteran's place of residence must be within a reasonable distance from the VA hospital.
3. The patient and his care provider must be in agreement with the proposed treatment plan and the home environment must be such that daily care may be provided by a family member or other care provider.

HOME VISITS

1. The frequency of home visits by the HBCM team will be determined by the team according to patient needs.

2. The team member will telephone to arrange the initial home visit. Subsequent visits will be made for mornings or afternoons, rather than exact hours.

SERVICES PROVIDED

1. The HBCM team is composed of medical, nursing, social, rehabilitation and dietetic services.
2. The primary focus of the HBCM team is to educate and supervise the patient and care giver in assuming independence in self care.
3. Appropriate referrals for community resources are initiated when indicated.
4. The HBCM team will train the care giver to maintain the patient at home after termination of services.
5. The HBCM team will provide guidance if the patient returns to the hospital for services and/or readmission.

DISCHARGE FROM HBCM

Recommendations for discharge from the program are made by the HBCM team. Criteria for discharge are:

1. That patient has received maximum HBCM benefits.

2. The patient or family requests termination of care.

3. Hospital readmission is required.

4. The patient may be discharged for failure to cooperate with his medical treatment plan or inability of the care giver to continue care of the patient at home.

HOURS

The HBCM Program office is open Monday through Friday, between 8:00 a.m. and 4:30 p.m. The telephone number is (714) 825-7084, extension 2034.

For emergencies after hours, weekends or on holidays, call the hospital and ask for the emergency room, (714) 825-7084. Tell them the nature of your difficulties and that you are an HBCM patient. For life-threatening emergencies, call your paramedics or fire department.

APPENDIX E

Koenig Response Letter and Forms

**DUKE UNIVERSITY MEDICAL CENTER**
CENTER FOR THE STUDY OF AGING AND HUMAN DEVELOPMENT*Office of the Director*

5/5/90

Dear Mz Vivian Thomas,

Enjoyed our phone conversation the other day. Hope this helps you.

Sincerely



Harold Koenig

SCORING INSTRUCTIONS Springfield Religiosity Survey

Short Form

First 17 items (1-17) compose a modified version of Philadelphia Geriatric Center Morale Scale - modified in that instead of original "agree-disagree" response set (scored 0 or 1), we have expanded this to 4 categories (scored 1-4). IN scoring these 17 items simply give the value as noted on the form (i.e. 1, 2, 3, 4) for the "negative" items # 1, 3, 4, 6, 7, 9, 11, 12, 13, 14, 16, 17. For the remainder of the items (i.e. the "positive" items #2, 5, 8, 20, 25), reverse the scoring (i.e. a 1 is scored as 4, a 2 is scored as 3, a 3 is scored as 2, a 4 is scored as 1). Using this method, the score will range from 17 to 68, with the higher scores indicating high morale and well-being. Entitle this the MORALE SCORE.

Item 18 is the self-assessed general health variable; item 19 the "stress" variable; item 320 the "coping" variable, item 21 the "social support" variable, item 22 the "helping others" variable, and item 23 is the "subjective financial status" variable. In scoring these items, #18, 19, 20, 22 are reversed in their scoring (1 becomes 4, etc.) and #21 is scored as on the form (1-4). The age and sex variables of item 24 are self-explanatory. The "objective financial status" item (#25) is scored 1-8. These variables are covariates that should be controlled for in your analysis (typically using multiple regression).

Religious items are #26-45:

Items #26 and #30 are the "organizational religious activity" items which may be combined into a two-item index. Score each item 6-1 to obtain a total index score range of 2-12. Higher scores indicate higher organized religious activity.

Items #27, 28, 29 are the "non-organizational religious activity" items which may be combined into a three-item index. Score #27 and #29 1-6 and #28 6-1, yielding a score range from the index of 3-18, with the higher scores indicating higher non-organizational religious activity.

I would skip item #31 because people tend to get confused with this item. Simply eliminate it.

Item #32 is a religious coping variable and is scored separately; score 1-6 and analyze as a separate variable (don't combine with other variables).

Item #33 is an "importance of prayer" variable and is also

scored separately; score 6-1 and analyze as a separate variable (don't combine with other variables).

Items 34-44 (with the exception of #41) are taken directly from the Hoge Intrinsic Religiosity Scale. Score these items as follows: for #34, 35, 37, 38, 39, 40, 42 "definitely true" or "definitely agree" get a score of 5, "tend to be true" or "tend to agree" get a 4, "unsure" gets a 3, "tends not to be true" or "tend to disagree" get a 2, and "definitely not true" or "definitely disagree" get a 1; for items 36, 43, 44 reverse the scoring. Hence the Hoge Intrinsic Religiosity Index has a score range from 10 to 50, with higher scores indicating higher intrinsic religiosity.

Item 41 was taken from a national Gallup Survey (PRRC 1982) and may be used to compare the impact of religion on people in the sample taking the SRS with the impact of religion on people from the national survey. Score 4-1. Do not combine with other variables; analyze separately.

Item 45 is a religious denomination variable; analyze as a categorical variable. Do not combine with other variables.

Long Form

Was designed to be given in two sittings at separate times because of its length. Items 1-17 are identical to those of short form (PGCMS). Items 18-26 are also identical, except for item 23, a "religious coping" item; this item is score 1-4.

The second section focuses on religion. Items 1-4 comprise the "orthodox belief" index (Glock and Stark) and may be scored as follows: #1 and #2 score 5-1; #3 and #4 score 1-4 and 4-1, respectively. Unfortunately, #3 and #4 have four response categories rather than five categories as in #1 and #2, making combining into a single index difficult. Either analyze these as individual items or score #3 and #4 as 1, 2, 4, 5 and 5, 4, 2, 1 respectively; the latter score, however, may not be valid and we chose not to do this.

Items 5 and 6 are the "organized religiosity index" scored as on short form.

Items 8-10 are the "non-organized religiosity index" scored as on short form.

Item 7 is a "religious social support" item that is scored 0-5, is treated as an individual variable, and should probably be analyzed as a categorical variable.

Item 11 is a "religious knowledge" item from Glock and Stark.

Items 12, 13, 14, 15, 16, 21 are 6 items from Ellison and Polouzian's 10-item Religious Well-Being Scale. These are scored as follows: 12, 14, 16, 21 score 6-1; 13, 15 score 1-6. Obtain modified religious well-being index with score ranging from 6-26, with higher scores indicating higher religious well-being.

Items 12, 18, . 19, 23 are the experience dimension: 12 & 19 score 6-1, 18 score 1-6, 23 score 5-1 with "unsure" getting a 3.

Items 15 and 17 are scored as on short form; item 20 is a "prayer coping" question and is score 1-6, item 20 may be combined with item 17 to form a "prayer index" (Glock and Stark) with a score ranging from 2-12, with higher scores indicating greater value for prayer.

Items 22-33 correspond to items 34-45 on short form.

Item 34 is a categorical variable and should be analyzed as such; should not score or combine with other variables.

Final Comment

When analyzing results and correlating religious factors with outcomes (such as MORALE), examine relationship separately with each item (i.e. religious knowledge or religious social support, etc.) or individual index (organizational religious activity, non-organizational religious activity, intrinsic religiosity [Hoge], prayer index); i.e., should probably not combine all religious items into a grand "total score."

IF any further questions, call Harold G. Koenig, MD at 919-286-6932 or write to GRECC #182, 508 Fulton St., Durham, NC.

1 2 3 4

QUALITY OF LIFE SURVEY

THE GERIATRICS CLINIC IS REQUESTING YOUR COOPERATION IN COMPLETING THE FOLLOWING QUESTIONNAIRE. WE ARE HOPING TO LEARN ABOUT HOW THE ELDERLY FEEL ABOUT THEIR QUALITY OF LIFE AND SOME THINGS ABOUT HOW THE ELDERLY FEEL ABOUT THEMSELVES. FOR EACH OF THE ITEMS LISTED BELOW, CIRCLE THE NUMBER THAT BEST DESCRIBES HOW MUCH YOU AGREE OR DISAGREE WITH THE ITEM. THERE ARE NO RIGHT OR WRONG ANSWERS. YOUR RESPONSES WILL BE CONFIDENTIAL. COMPLETION OF THIS FORM IS ENTIRELY VOLUNTARY AND WILL IN NO WAY AFFECT YOUR CONTINUED MEDICAL CARE.

	<u>STRONGLY AGREE</u>	<u>AGREE</u>	<u>DISAGREE</u>	<u>STRONGLY DISAGREE</u>
1. THINGS KEEP GETTING WORSE AS I GET OLDER.	1	2	3	4
2. I HAVE AS MUCH PEP AS I DID LAST YEAR.	1	2	3	4
3. AS I GET OLDER I FEEL MORE LONELY.	1	2	3	4
4. LITTLE THINGS BOTHER ME MORE THIS YEAR.	1	2	3	4
5. I SEE ENOUGH OF MY FRIENDS AND RELATIVES.	1	2	3	4
6. AS YOU GET OLDER YOU ARE LESS USEFUL.	1	2	3	4
7. I SOMETIMES WORRY SO MUCH THAT I CAN'T SLEEP.	1	2	3	4
8. AS I GET OLDER, THINGS ARE BETTER THAN I THOUGHT THEY WOULD BE.	1	2	3	4
9. I SOMETIMES FEEL THAT LIFE ISN'T WORTH LIVING.	1	2	3	4
10. I AM AS HAPPY NOW AS I WAS WHEN I WAS YOUNGER.	1	2	3	4
11. I HAVE A LOT TO BE SAD ABOUT.	1	2	3	4
12. I AM AFRAID OF A LOT OF THINGS.	1	2	3	4
13. I GET MAD MORE THAN I USED TO.	1	2	3	4

	<u>STRONGLY AGREE</u>	<u>AGREE</u>	<u>DISAGREE</u>	<u>STRONGLY DISAGREE</u>
14. LIFE IS HARD FOR ME MUCH OF THE TIME.	1	2	3	4
15. I AM SATISFIED WITH MY LIFE TODAY.	1	2	3	4
16. I TAKE THINGS HARD.	1	2	3	4
17. I GET UPSET EASILY.	1	2	3	4
18. MY GENERAL STATE OF HEALTH IS EXCELLENT.	1	2	3	4
19. I HAVE A GREAT DEAL OF TENSION IN MY EVERYDAY LIFE.	1	2	3	4
20. I HANDLE THE TENSION IN MY LIFE VERY WELL.	1	2	3	4
21. I RECEIVE VERY LITTLE EMOTIONAL SUPPORT FROM MY FAMILY AND FRIENDS WHEN I HANDLE THE TENSION IN MY LIFE.	1	2	3	4
22. I AM INVOLVED A GREAT DEAL WITH HELPING MY FAMILY AND FRIENDS WHEN THEY DEAL WITH TENSION IN THEIR LIVES.	1	2	3	4
23. I RELY <u>VERY LITTLE</u> UPON MY RELIGIOUS BELIEFS WHEN I DEAL WITH TENSION IN MY LIFE.	1	2	3	4
24. FINANCIALLY SPEAKING, I AM VERY COMFORTABLE.	1	2	3	4
25. WHAT IS YOUR AGE? _____				
26. WHICH OF THE FOLLOWING CATEGORIES CONTAINS THE AMOUNT OF MONEY YOU SPEND IN AN AVERAGE MONTH FOR ALL YOUR LIVING EXPENSES?				
_____ \$ 400.00 OR LESS			<u>1</u> _____ \$ 700.00 - \$ 800.00	
_____ \$ 400.00 - \$ 500.00			_____ \$ 800.00 - \$ 900.00	
_____ \$ 500.00 - \$ 600.00			_____ \$ 900.00 - \$1000.00	
_____ \$ 600.00 - \$ 700.00			_____ \$1000.00 OR MORE	

THAT CONCLUDES THE QUESTIONNAIRE. THANK YOU FOR YOUR COOPERATION. YOUR RESPONSES WILL
BE ENTIRELY CONFIDENTIAL.

SURVEY OF RELIGIOUS BELIEFS, PRACTICES, AND EXPERIENCES

THE GERIATRICS CLINIC IS REQUESTING YOUR COOPERATION IN COMPLETING THE FOLLOWING QUESTIONNAIRE. WE ARE HOPING TO LEARN ABOUT HOW THE ELDERLY FEEL ABOUT THEIR RELIGIOUS BELIEFS IN GENERAL. THERE ARE NO RIGHT OR WRONG ANSWERS. FOR EACH OF THE ITEMS LISTED BELOW, PLEASE CHECK THE ANSWER WHICH BEST DESCRIBES YOUR FEELINGS. ALL YOUR RESPONSES ARE CONFIDENTIAL. COMPLETION OF THIS FORM IS ENTIRELY VOLUNTARY AND WILL IN NO WAY AFFECT YOUR CONTINUED MEDICAL CARE.

1. WHICH OF THE FOLLOWING STATEMENTS COMES CLOSEST TO EXPRESSING WHAT YOU BELIEVE ABOUT GOD?

☐ I KNOW GOD REALLY EXISTS AND I HAVE NO DOUBTS ABOUT IT

☐ WHILE I HAVE DOUBTS, I FEEL THAT I DO BELIEVE IN GOD

☐ I DON'T BELIEVE IN A PERSONAL GOD, BUT I DO BELIEVE IN A HIGHER POWER OF SOME KIND

☐ I DON'T KNOW WHETHER THERE IS A GOD OR NOT AND I DON'T BELIEVE THERE IS ANY WAY TO FIND OUT

☐ I DON'T BELIEVE IN GOD

2. WHICH OF THE FOLLOWING STATEMENTS COMES CLOSEST TO EXPRESSING WHAT YOU BELIEVE ABOUT JESUS?

☐ JESUS IS THE DIVINE SON OF GOD AND I HAVE NO DOUBTS ABOUT IT

☐ WHILE I HAVE SOME DOUBTS, I FEEL BASICALLY THAT JESUS IS DIVINE

☐ I FEEL THAT JESUS WAS A GREAT MAN AND VERY HOLY, BUT I DON'T FEEL HIM TO BE THE SON OF GOD ANY MORE THAN ALL OF US ARE CHILDREN OF GOD

☐ I THINK JESUS WAS ONLY A MAN, ALTHOUGH AN EXTRAORDINARY ONE

☐ FRANKLY, I'M NOT ENTIRELY SURE THERE REALLY WAS SUCH A PERSON AS JESUS

3. THE BIBLE TELLS OF MANY MIRACLES, SOME CREDITED TO CHRIST AND SOME TO OTHER PROPHETS AND APOSTLES. GENERALLY SPEAKING, WHICH OF THE FOLLOWING STATEMENTS COMES CLOSEST TO WHAT YOU BELIEVE ABOUT BIBLICAL MIRACLES?

☐ I BELIEVE MIRACLES ARE STORIES AND NEVER REALLY HAPPENED

☐ I AM NOT SURE WHETHER THESE MIRACLES REALLY HAPPENED OR NOT

☐ I BELIEVE THE MIRACLES HAPPENED, BUT CAN BE EXPLAINED BY NATURAL CAUSES

☐ I BELIEVE THE MIRACLES ACTUALLY HAPPENED JUST AS THE BIBLE SAYS THEY DID

4. THE DEVIL ACTUALLY EXISTS. DO YOU BELIEVE THIS IS. . .

☐ COMPLETELY TRUE

☐ PROBABLY NOT TRUE

☐ PROBABLY TRUE

☐ DEFINITELY NOT TRUE

5. HOW OFTEN DO YOU ATTEND CHURCH SERVICES?

☐ SEVERAL TIMES A WEEK ☐ SEVERAL TIMES A YEAR
☐ ABOUT ONCE A WEEK ☐ SELDOM
☐ SEVERAL TIMES A MONTH ☐ NEVER

6. HOW OFTEN DO YOU PARTICIPATE IN OTHER RELIGIOUS GROUP ACTIVITIES (I.E. ADULT SUNDAY SCHOOL CLASSES, BIBLE STUDY GROUPS, PRAYER GROUPS, ETC.)?

☐ SEVERAL TIMES A WEEK ☐ SEVERAL TIMES A YEAR
☐ ABOUT ONCE A WEEK ☐ SELDOM
☐ SEVERAL TIMES A MONTH ☐ NEVER

7. THINK OF YOUR FIVE CLOSEST FRIENDS. HOW MANY OF THEM ARE MEMBERS OF YOUR CHURCH CONGREGATION?

☐ NONE ☐ ONE ☐ TWO ☐ THREE ☐ FOUR ☐ FIVE

8. HOW OFTEN DO YOU PRAY PRIVATELY?

☐ NOT AT ALL ☐ ONCE A DAY
☐ ONLY OCCASIONALLY ☐ TWICE A DAY
☐ SEVERAL TIMES A WEEK ☐ THREE OR MORE TIMES A DAY

9. HOW OFTEN DO YOU READ THE BIBLE OR OTHER RELIGIOUS LITERATURE (MAGAZINES, PAPERS, BOOKS) AT HOME?

☐ SEVERAL TIMES A DAY ☐ SEVERAL TIMES A MONTH
☐ DAILY ☐ ONLY OCCASIONALLY
☐ SEVERAL TIMES A WEEK ☐ NOT AT ALL

10. HOW OFTEN DO YOU LISTEN TO OR WATCH RELIGIOUS PROGRAMS ON RADIO OR TV?

☐ NOT AT ALL ☐ SEVERAL TIMES A WEEK
☐ ONLY OCCASIONALLY ☐ DAILY
☐ SEVERAL TIMES A MONTH ☐ SEVERAL TIMES A DAY

11. WHICH OF THE FOLLOWING WERE OLD TESTAMENT PROPHETS? (FOR THIS QUESTION, PLEASE CHECK AS MANY AS APPLY.)

☐ ELIJAH ☐ DEUTERONOMY ☐ JEREMIAH ☐ PAUL
☐ LEVITICUS ☐ EZEKIEL ☐ NONE OF THESE WERE PROPHETS

NEXT SECTION OF THE QUESTIONNAIRE ASKS HOW MUCH YOU AGREE OR DISAGREE WITH EACH ITEM.
 PLACE A CHECK NEXT TO THE PHRASE WHICH BEST DESCRIBES YOUR FEELING FOR EACH ITEM.

12. I EXPERIENCE GOD'S LOVE AND CARE FOR ME IN MY RELATIONSHIP WITH HIM.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

13. I BELIEVE THAT GOD IS IMPERSONAL AND NOT INTERESTED IN MY DAILY SITUATIONS.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

14. I HAVE A PERSONALLY MEANINGFUL RELATIONSHIP WITH GOD.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

15. WHILE DEALING WITH DIFFICULT TIMES IN MY LIFE, I DON'T GET MUCH PERSONAL STRENGTH AND SUPPORT FROM GOD.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

16. MY RELATIONSHIP WITH GOD HELPS ME NOT TO FEEL LONELY.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

17. PRIVATE PRAYER IS IMPORTANT IN MY LIFE.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

18. I DO NOT EXPERIENCE GOD'S INTERVENTION IN MY LIFE IN ANY CONCRETE OR PERSONAL WAY.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

19. GOD HAS REVEALED THINGS TO ME ABOUT MY LIFE, OTHER PEOPLE, HIMSELF, OR HIS DIVINE PLAN

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

20. PRAYER DOES NOT HELP ME TO COPE WITH DIFFICULTIES AND STRESS IN MY LIFE.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

21/ I FEEL MOST FULFILLED WHEN I AM IN CLOSE COMMUNION WITH GOD.

☐ STRONGLY AGREE ☐ MODERATELY AGREE ☐ SLIGHTLY AGREE ☐ SLIGHTLY DISAGREE ☐ MODERATELY DISAGREE ☐ STRONGLY DISAGREE

THE NEXT SECTION OF THE QUESTIONNAIRE ASKS HOW TRUE YOU BELIEVE EACH STATEMENT TO BE ABOUT YOU. CHECK THE PHRASE WHICH BEST DESCRIBES YOUR FEELINGS ABOUT EACH ITEM.

(22) MY FAITH INVOLVES ALL OF MY LIFE.

☐ DEFINITELY TRUE OF ME ☐ TENDS TO BE TRUE ☐ TENDS NOT TO BE TRUE ☐ DEFINITELY NOT TRUE OF ME ☐ UNSURE

(23) IN MY LIFE I EXPERIENCE THE PRESENCE OF THE DIVINE (THAT IS, OF GOD).

☐ DEFINITELY TRUE OF ME ☐ TENDS TO BE TRUE ☐ TENDS NOT TO BE TRUE ☐ DEFINITELY NOT TRUE OF ME ☐ UNSURE

(24) ALTHOUGH I AM A RELIGIOUS PERSON, I REFUSE TO LET RELIGIOUS CONSIDERATIONS INFLUENCE MY EVERYDAY AFFAIRS.

☐ DEFINITELY TRUE OF ME ☐ TENDS TO BE TRUE ☐ TENDS NOT TO BE TRUE ☐ DEFINITELY NOT TRUE OF ME ☐ UNSURE

(25) NOTHING IS AS IMPORTANT TO ME AS SERVING GOD AS BEST AS I KNOW HOW.

☐ DEFINITELY TRUE OF ME ☐ TENDS TO BE TRUE ☐ TENDS NOT TO BE TRUE ☐ DEFINITELY NOT TRUE OF ME ☐ UNSURE

(26) MY FAITH SOMETIMES RESTRICTS MY ACTIONS.

☐ DEFINITELY TRUE OF ME ☐ TENDS TO BE TRUE ☐ TENDS NOT TO BE TRUE ☐ DEFINITELY NOT TRUE OF ME ☐ UNSURE

(27) MY RELIGIOUS BELIEFS ARE WHAT REALLY LIE BEHIND MY WHOLE APPROACH TO LIFE.

☐ DEFINITELY TRUE OF ME ☐ TENDS TO BE TRUE ☐ TENDS NOT TO BE TRUE ☐ DEFINITELY NOT TRUE OF ME ☐ UNSURE

(28) I TRY HARD TO CARRY MY RELIGION OVER INTO ALL MY OTHER DEALINGS IN LIFE.

☐ DEFINITELY TRUE OF ME ☐ TENDS TO BE TRUE ☐ TENDS NOT TO BE TRUE ☐ DEFINITELY NOT TRUE OF ME ☐ UNSURE

(29) MY RELIGIOUS FAITH IS THE MOST IMPORTANT INFLUENCE IN MY LIFE.

☐ COMPLETELY TRUE ☐ MOSTLY TRUE ☐ MOSTLY UNTRUE ☐ COMPLETELY UNTRUE

FINAL SECTION OF THE QUESTIONNAIRE ASKS HOW MUCH YOU AGREE OR DISAGREE WITH EACH ITEM. MAKE A CHECK NEXT TO THE PHRASE WHICH BEST DESCRIBES YOUR FEELING ABOUT EACH ITEM.

30) ONE SHOULD SEEK GOD'S GUIDANCE WHEN MAKING EVERY IMPORTANT DECISION.

___ DEFINITELY ___ TEND TO ___ TEND TO ___ DEFINITELY ___ UNSURE
AGREE AGREE DISAGREE DISAGREE

31) ALTHOUGH I BELIEVE IN RELIGION, I FEEL THERE ARE MANY MORE IMPORTANT THINGS IN LIFE.

___ DEFINITELY ___ TEND TO ___ TEND TO ___ DEFINITELY ___ UNSURE
AGREE AGREE DISAGREE DISAGREE

32) IT DOESN'T MATTER SO MUCH WHAT I BELIEVE AS LONG AS I LEAD A MORAL LIFE.

___ DEFINITELY ___ TEND TO ___ TEND TO ___ DEFINITELY ___ UNSURE
AGREE AGREE DISAGREE DISAGREE

33) PLEASE CHECK YOUR RELIGIOUS PREFERENCE.

___ PROTESTANT ___ CATHOLIC ___ JEWISH ___ NONE

34) IF YOU WERE EXPERIENCING GREAT EMOTIONAL DISTRESS, WERE VERY SICK OR NEAR DEATH, WOULD YOU LIKE YOUR PERSONAL PHYSICIAN TO PRAY WITH YOU?

___ YES, ___ YES, ___ NO, ___ NO,
VERY MUCH SOMEWHAT PROBABLY NOT DEFINITELY

THAT CONCLUDES THE QUESTIONNAIRE. THANK YOU VERY MUCH FOR YOUR COOPERATION. ALL RESPONSES WILL BE STRICTLY CONFIDENTIAL.

SURVEY RESPONSES

RELIGIOUS SURVEY

Women	Men
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34

QUALITY OF LIFE

Women	Men
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26

Name:

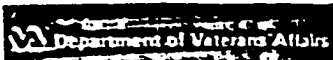
Date:

Number of Persons:

APPENDIX F

VA RESEARCH CONSENT FORM, LETTER, CONTRACT, AND MEMORANDUMS

	VA RESEARCH CONSENT FORM
Subject Name: _____	Date: _____
Title of Study: <u>Religion and Coping With Aging By Adults Over 65</u>	
Principal Investigator: <u>Mary McKennell/Vivian Thomas</u> VAMC: _____	
<u>DESCRIPTION OF RESEARCH BY INVESTIGATOR</u>	
1. Purpose of study and how long it will last: 2. Description of the study including procedures to be used: 3. Description of any procedures that may result in discomfort or inconvenience: 4. Expected risks of study: 5. Expected benefits of study: 6. Other treatment available: 7. Use of research results: 8. Special circumstances: 1. The primary purpose of this study is to explore the impact of religious attitudes and behaviors on effective coping of adults over 65 with increasing physical disabilities and decreasing social capabilities. The secondary purpose is to access possible community support for patients and families who are followed by the Hospital Based Case Management Program. The study will last approximately 2 months. 2. The study will center around a questionnaire surveying religious beliefs, practices and attitudes and a Religion Coping Index. Both instruments are used with permission of Harold G. Koenig at Duke Medical Center. A random sample of 30 people from the Hospital Based Case Management program will be surveyed. The questionnaire will be administered in a home setting by Vivian Thomas, Ph.D. candidate and Mary McKennell, HBCM Coordinator. 3. There is no discomfort or inconvenience involved in this study. 4. There are no expected risks.	
SUBJECT'S SIGNATURE (I.e. print or give complete, first, middle)	

**VA RESEARCH CONSENT FORM**
(Continuation Page 2 of 2)

Subject Name: _____ Date: _____

Title of Study: Religion and Coping With Aging By Adults Over 65Principal Investigator: Mary McKemell/Vivian Thomas VAMC: _____

5. Benefits of this study are as follows:

- a. Validate research previously done by Harold Koenig for this section of the country.
- b. Evaluate possibilities of team relationship among helping professionals.
- c. Provide further assessment and insight into HBCM patients in order to improve case management.

6. The research will be used by Vivian Thomas in her Ph.D. dissertation at the School of Theology in Claremont, CA. Plans are to publish results at a later date. Results will also be used in developing linkage with community supports by HBCM.

7. Not Applicable

8. Vivian Thomas is acting in a consultant capacity to the HBCM program.



**DEPARTMENT OF VETERANS AFFAIRS
Jerry L. Pettis Memorial Veterans Hospital
11201 Benton Street
Loma Linda CA 92357**

12 August 1991

In Reply Refer To: 605/122

I am writing to let you know about a research project being conducted through our Hospital Based Case Management program. Vivian Thomas is assigned to our program as a social work intern as part of her doctoral program. She is doing research in the area of spiritual values and the aging process.

Your name has been selected at random to participate in a survey. Vivian will be phoning you to set up an appointment time. Either myself or Sharon Newton, our Occupational Therapist, will be making a home visit to complete a questionnaire. If you do not want to participate, that is fine and you may decline when she calls you to set up an appointment.

If you have any further questions regarding this, feel free to call me.

Mary McKennell, LCSW
HBCH Coordinator



DEPARTMENT OF VETERANS AFFAIRS

Jerry L. Pettis Memorial
Veterans' Hospital
11201 Benton Street
Loma Linda CA 92357

July 29, 1991

In Reply Refer To: 605/05C

Mrs. Vivian J. Thomas
1327 Washington Avenue
Pomona, CA 91767

Dear Mrs. Thomas:

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as Social Worker Intern from July 29, 1991 through October 31, 1991 under authority of 38 U.S.C. 4114(a)(1)(A). During your period of affiliation with our facility, you are authorized to perform services as directed by the Chief, Social Work Service.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Veterans Health Services and Research Administration, such as leave, retirement, etc. You will, however, be eligible to receive the benefits indicated below. Cash cannot be paid in lieu of any of these benefits.

☐ Quarters ☐ Subsistence ☐ Uniforms ☐ Laundering of Uniforms

If you agree to these conditions, please sign the statement below and return the letter in the enclosed postage-free envelope. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours,


DONALD J. KUNKEL, Jr.
Chief, Personnel Service

Enclosure

I agree to serve in the above capacity under the conditions indicated.

Veteran Status	
1—Vietnam Veteran*	
2—Other Veteran	
3—Non-Veteran	
* For this purpose, a Vietnam Veteran is one with service between August 5, 1964, and May 7, 1975.	

Signature

Date

Vivian J. Thomas
2/29/91

**Department of
Veterans Affairs**

Memorandum

DATE September 17, 1991

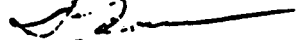
TO Chairman, Research and Development Committee

FROM Religion and Coping with Aging by Adults over 65.

RE Mrs. Mary A. McKennell

The above proposal was unanimously approved by the committee on August 14, 1991.

Thank you for your time and effort in this matter.


S. Bawin, Ph.D.

**Department of
Veterans Affairs**

Memorandum

DATE September 17, 1991

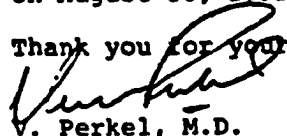
TO Chairman, Human Studies Committee

SUBJECT Proposal, Religion and Coping with Aging by Adults over 65.

RE Ms. Mary A. McKennell

The above proposal was unanimously approved by the committee on August 30, 1991.

Thank you for your time and effort in this matter.


V. Perkel, M.D.

D. MISSION STATEMENT AND OBJECTIVES

The mission of the HBCM program is to construct a plan of services and supports that address the need of the client. The purpose of the case management program is to prevent premature institutionalization and unnecessary use of VA hospital resources. The HBCM team works with the patient to develop a comprehensive plan for continuity of health care in a cost effective manner.

OBJECTIVES:

1. To enable the patient to be discharged from the hospital to a safe home environment.
2. To promote HBCM as a viable alternative in discharge planning.
3. To assess physical and mental functioning to determine individual problems and establish the need for community services.
4. Develop an interdisciplinary plan of care for each patient to be reviewed every 60 days.
5. To provide support to the caregiver to facilitate a prolonged stay at home.
6. To apply an interdisciplinary approach to the care of the patient to ensure the total health needs are met.
7. To reduce the number of readmissions to the hospital and unnecessary clinic visits.
8. To utilize available research to further meet clinical needs of the patient and hospital.
9. To utilize community resources as an alternative to meet the patients health and psycho-social needs.
10. To provide a learning environment for students and interns.

A. Definition

Hospital Based Case Management is a special Rehabilitation Medicine program designed to provide and/or coordinate a complex of activities, and independence for veterans of all ages. An inpatient functioning, then identifies sources of needed services and case manages the delivery of those services. The purpose of this program is to sustain and further the patient's rehabilitation process so as to maintain him in the community and prevent the need for readmission to the hospital. When services are not available from other sources, then the HBCM team provides care.

These services include maintaining, restoring or promoting health, caring for the effects of illness and disability, rendering support for psychosocial and emotional needs and providing control of symptoms and comfort to the dying. It is an extension of hospital care or outpatient services conducted through a coordinated HBCM interdisciplinary team, volunteer resources and community agencies.

APPENDIX G

CLAREMONT MANOR MEMORANDUM AND LETTER

CLAREMONT MANOR MEMORANDUM

TO: Claremont Manor Residents
FROM: Marty McGaughey
DATE: November 11, 1991

Attached to this memo is a short article written by Vivian Thomas, who is a Ph.D. student at the School of Theology at Claremont. The study Ms. Thomas is doing relates to the area of spiritual values and the aging process. Ms. Thomas has received my permission to request volunteers from Claremont Manor who might be willing to be interviewed for her study. The interview involves two questionnaires and is confidential in nature.

If your are interested in becoming a part of this study, please fill in the information at the bottom of this page and turn it in at the front desk by Friday, November 15th. Ms. Thomas will contact you to set up a time to conduct the interview.

NAME _____ TELEPHONE # _____
APARTMENT NUMBER _____

TO THE RESIDENTS OF CLAREMONT MANOR

IN LATER LIFE, OLDER ADULTS FACE AND HANDLE CHANGES!
THEY MUST ADJUST TO NEW PHYSICAL AND SOCIAL CHALLENGES!
SOME FACE LOSSES IN RELATIONSHIPS AND MUST DEAL WITH FINANCIAL
CHANGES... HOW DO OLDER ADULTS COPE? .. ARE COPING SKILLS
STRENGTHENED BY FAITH BELIEFS?

As a senior involved in a continued learning experience at the
School of Theology at Claremont, California, where I am a Ph.D
candidate, I would like to invite the residents of Claremont
Manor to participate in this study of the coping skills of OLDER
ADULTS! Your input will be most helpful to all and will take a
minimum amount of time. Individual responses are confidential.
Please fill in the attached coupon before November 15, 1991 and
return to Mrs. Marty McBaughy, if you would like to participate.
Thank you.

Sincerely,

Mrs. Vivian J. Thomas

School of Theology
Claremont, California

APPENDIX B
EMERSON VILLAGE NEWSLETTER

MARGARET NOLAN A-314

JUST A REMINDER!

YOUR INTERVIEW WITH VIVIAN THOMAS IS SCHEDULED FOR
WEDNESDAY, AUGUST 12 at 1:45 PM.

The interviews will be held in the second floor Game Room
in the A Building, just off the 2nd floor Lobby.

Please let MARIAN know if you are unable to keep your
appointment.

Thank you.

hallelujah

DOES YOUR RELIGION HELP
YOU?



Mrs. Vivian Thomas, M.S.W., will be at the Village August 10, 11, and 12 to talk with people who would like to discuss with her how their religion has helped them as they grow older. This interview will be taped. There will also be a short questionnaire to be completed. All information will be kept confidential. Mrs. Thomas is working on her doctoral thesis in pastoral counseling, and the information you furnish will aid her in her research. She has worked as a counselor in Orange County and for Catholic Charities.

Please call MARIAN to set up an appointment, if you are willing to participate. Remember, any information you furnish will be considered confidential.



Emerson Village Newsletter

Volume XV

August 1992

Issue 8

CABLE SUBSCRIBERS

If you have not yet subscribed to CABLE and are interested in doing so, here is an outline of what has happened thus far: Installation Charge, \$12.00. Monthly rate \$12.00 due by the 5th of the month. Checks payable to GREATER POMONA HOUSING CABLE. Channels now available are:

14 - A & E

15 - TBS

16 - CNN

17 - AMC

18 - ESPN

21 - DISCOVERY



For an additional \$6.50 per month, you can receive:

6 - HBO

Either DON or LORI will take sign-



ups, and LORI collects the monthly payments. **DO NOT INCLUDE CABLE WITH YOUR REGULAR RENT CHECK.** This must be a separate check, since the funds go to GREATER POMONA HOUSING CABLE to pay off the loan taken out to purchase the equipment needed and rent the channels.



"IN THE GOOD OLD SUMMERTIME" POTLUCK

Sign-ups are requested for the August 14 potluck. Please note that this will be on Friday night, at 5:30 pm in Voorhis Hall. Bring your favorite summer dish, and dress according to the weather! Rose Marie Angle and Dorothea Smiley are co-chairpersons for this event.

HELP WANTED: To join the Emergency Team.

Our meetings are the third Tuesday afternoon, 3:00 pm, on alternate months. Our next meeting will be September 15.

First Aid class will be held November 11 and 13.





August Birthdays

- 1 Amelia Goodwin*
- 8 Edith Larson*
- 10 Russell Greenlee
- 11 Dorothy Waters*
- 11 Mary Koska*
- 12 Grace Thrasher
- 13 Marian Fiasca
- 14 Marjorie Ferguson
- 20 Vera Richmond*
- 21 Nellie Bennett*
- 21 Virginia Drake
- 11 Bertha Garcia
- 23 Craig Lilley
- 23 Bernie Mays*
- 25 Harry Weinhold
- 27 Edna McKinnon*
- 31 Ramona Zequeira
- 31 Willie Fruga, Sr.

*80 and over



NEW TELEPHONE DIRECTORY

Your Residents Council prepares the Telephone Directory for the Village each year. At the July 9th meeting, events for the coming year were outlined and chairpersons were named as they volunteered for each month's party. These will be included in the new Directory. If you wish to help with any of these events, please see the person named in the Directory.

AUGUST FREE VAN RIDE

Evelyn Ewart
Marie Cummings
Elma Vauthrin

INTERVIEWS BY ELINOR

MARIE BALLARD, A220

Marie was born in MO, where she grew up and graduated in 1941. She moved to Pasadena, CA after graduation. Marie worked in a shoe factory in Pasadena and during the war worked in a defense factory. She now enjoys the peace and quiet of Emerson Village.

EDWARD VOGEL B318

Edward was born in Frohna, MO. He attended school in Prairieville, MO. In 1942 Edward moved to Montana, and while there enlisted in the service. After military service, he worked for a plumber in CA. He moved to Idaho after his marriage, but three years later returned to CA. He is the proud father of one daughter and two sons, and also has six grandchildren. Edward's hobbies are bowling and fishing.

PRAYER FOR BAD TIMES

"Dear God: Help me be a good sport in this game of life. I don't ask for an easy place in the lineup. Put me anywhere you need me. I only ask that I can give you 100 percent of everything I have. If all the hard drives seem to come my way, I thank you for the compliment. Help me remember that you never send a player more trouble than he can handle.

And, help me Lord, to accept the bad breaks as part of the game. May I always play on the square, no matter what the others do. Help me study the Book so I'll know the rules.

Finally, God, if the natural turn of events goes against me and I'm benched for sickness or old age, help me to accept that as part of the game, too. Keep me from whimpering that I was framed or that I got a raw deal. And when I finish the final inning, I ask for no laurels. All I want is to believe in my heart that I played as well as I could and that I didn't let you down."

-By Richard Cardinal Cushing of Boston

BELATED THANKS TO RESIDENTS COUNCIL INSTALLATION DINNER WORK CREWS!

Evelyn Armbruster chaired the dinner arrangements. Those working in the kitchen and dining room included: Mary Ann Mercer, Lois Larrison, Esther Geisert, Ardie Monroe, June Willumsen, Grace Thrasher, Marj Souther, Anna Dragoo, Dee Henry, Ruth Jackson. Tables: Mickie Richards, Lillian Farris, Ellie Spears, June Willumsen. Flowers: Esther Vinokur, Martine Breer. This dinner is always a significant event in the life of the Village, and we appreciate all of the effort so many people put into making it a success this year. It was truly a beautiful occasion!

hallelujah

DOES YOUR RELIGION HELP YOU?

Mrs. Vivian Thomas, M.S.W., will be at the Village August 10, 11, and 12 to talk with people who would like to discuss with her how their religion has helped them as they grow older. This interview will be taped. There will also be a short questionnaire to be completed. All information will be kept confidential. Mrs. Thomas is working on her doctoral thesis in pastoral counseling, and the information you furnish will aid her in her research. She has worked as a counselor in Orange County and for Catholic Charities.

Please call MARIAN to set up an appointment, if you are willing to participate. Remember, any information you furnish will be considered confidential.



"Freedom is fragile and must be protected. To sacrifice it, even as a temporary measure, is to betray it."

-Germaine Greer

Village Vagabond Trips in August



- 05 Breakfast at Country Grill, West Covina. Shopping in Covina area: Trader Joe's, Pic and Save, Libbey Glass. Leave 9:00am, cost \$2.00. Breakfast on your own.
- 10 Dine-Out at LaPaloma Restaurant, popular for its great Mexican food. Also serves American food. Van leaves 5:00pm. Van cost \$1.00. Dinner on your own.
- 12 Sherman's Gardens in Corona Del Mar. Lunch at Polle's Pies in Irvine. Leave 9:00am. Cost: \$4.00 Van, \$2.00 Gardens. Lunch on your own.
- 19 Luncheon out and movie Matinee in Rancho Cucamonga. Lunch at the old Virginia Dare Winery, now restaurant. Movie Matinee, title to be announced. Leave 9:00am. Cost: \$1.00 Van, \$2.00 movie. Lunch on your own.
- 26 Antique Mall shopping Downtown Pomona. 11:30am, rest and have lunch at Munchies. Then shop some more. Be sure to stop by Russ Greenlee's shop! - Leave 10:00am. Cost \$1.00 Van (If at least 12 go, the cost will be \$.50!) Lunch on your own.

HOUSEKEEPING SCHEDULING

Beginning with the month of September, all housekeeping scheduling will go through Lori Moser, Assistant Administrator.

ODDS AND ENDS

BIBLE STUDY and EXERCISE have been cancelled for the month of August.

BINGO will be held on **THURSDAY NIGHTS** in August.

Attendees at the BBQ honoring **DOT SMILEY** were pleasantly surprised not only by the skit engineered by Wilma Rust, June Willumsen, Clemmie Glover, Juan and Rolando, but also by the vocal solos in English and Spanish by **LUPE MORENO**, with **RUTH JACKSON** accompanying her on the organ.

Booth 26, **FIELD'S EMPORIUM**, is Russ Greenlee's address at the China Cupboard antique mall.

"We turn not older with years, but newer every day.



-Emily Dickinson

HOT-WEATHER WARNING

The National Institute on Aging reminds us that older people are particularly susceptible to heat stroke. They warn us to watch for nausea, dizziness, confusion, lethargy, absence of sweating, and a temperature of 104 degrees or more.

A person with these symptoms should be given medical attention, and should be given cold (not iced) water, if alert, and ice packs or wet towels.

Every apartment has a functioning air conditioning unit. Don't be "penny-wise" - turning on that air conditioner will help keep the air dry and relieve the humidity we have been experiencing. Fans serve to move the air - air conditioners cool and dry it.

A BIG THANK-YOU to the Residents Council for their assistance in organizing **FERN KUHN'S** farewell luncheon. The skit written by Mary Lynch and Wilma Rust showing "A Day in the Life of Fern Kuhn" was a big success. Thanks to Mary Lynch, Lori Moser, Wilma Rust, and Naomi Bethel for their participation. Lori Moser was responsible for the decorations, and had help from Julia Balducci and Wilma Rust. Mollie Nix did the computer work. We all will miss Fern and her caring attitude in dealing with daily problems.

WELCOME to former resident **NAOMI WILDE**, who came from Oregon to be here for **FERN'S** farewell.

WILMA RUST and **BERTHA MALDONADO** assisted **MARIAN FIASCA** in setting up Voorhis Hall for "BELLA THE CLOWN", our July "coffee" presentation. If you have ideas for our "coffee" sessions, please let Marian or Lori know of them. These are modeled after the Lifetime Learning sessions suggested by AARP. We like to cover a variety of ideas.

"I never notice what has been done. I only see what remains to be done."

- Marie Curie

"Believe only half of what you see and nothing that you hear."

-Dinah Mulock Craik

BUG SPRAY

Building 3

Thursday, August 27, 1992

B-101 - 102 - 103 - 104 - 105 - 106 - 107
B-201 - 202 - 203 - 204 - 205 - 206 - 207
VOORHIS - TRASH - COMMON AREAS

August 1992

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		AUGUST 4: Meet your Police and City Officials in Voorhes Hall - Refreshments will be served. RESIDENTS, please extend out welcome!				WOMEN'S Equality Day AUGUST 26 
2	3 9 am CHFA In-house Inspection	4 7 pm Neighborhood Night Out Voorhes Hall National Night Out	5 9 am Covina Caper - Breakfast & Shopping	6 6 pm Band Concert 7 pm Bingo	7	8
9	10 5 pm Dine Out - La Paloma Restaurant	11	9 am Sherman's Gardens Corona Del Mar - Lunch, Pollie's Restaurant	13 3 pm Residents Council mtg. 6 pm Band Concert 7 pm Bingo	14 5:30 pm "In the Good Old Summer-time" Potluck Dinner	15
16	17	18 	19 9 am Luncheon Virginia Dare Rancho Cucamonga & Movie Matinee	20 6 pm Band Concert 7 pm Bingo	21	22
23 <i>Summer '92</i> 	24	25	26 10 am Pomona's Antique Mall & Lunch	27 Bug Spray-Bldg 3B 6 pm Band Concert 7 pm Bingo	28	29 
30	31					

• OTHER FASCINATING FACTS

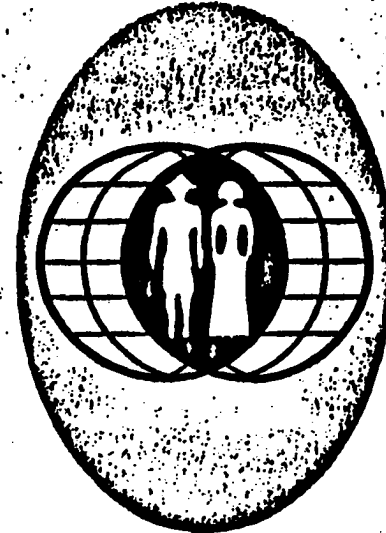
- 111 residents are men, 218 women. their average age is 78.
- 191 residents are Congregational or UCC, 51 United Methodist, 28 United Presbyterian, 23 American Baptist, 9 Disciples, 11 Episcopalian, 1 Congregational Christian, 6 Lutheran, 6 Society of Friends, 1 Nazarene, 1 Reformed Church in America, 1 Christian & Missionary Alliance.
- Over 100 are ordained. 60 have doctorates (Divinity, Philosophy, Medicine, Humane Letters, Psychology, Literature and Sacred Music.)
- 40 have authored books. Examples: *Song of the Vineyard*, by David Napier; *Education for Spiritual Growth*, by Iris V. Cully; *John R. Mott*, by C. Howard Hopkins; *The Radical Imperative*, by John Bennett; *Paths of Faith*, by John A. Hutchison.
- 116 residents have served in 47 foreign countries and areas including Africa, Argentina, Australia, Botswana, Brazil, Burma, Canada, Central America, Ceylon, Chile, China, East Africa, Egypt, England, France, Ghana, Greece, Hawaii (as a territory), Hong Kong, India, Iraq,

Japan, Korea, Latin America, Malaysia, Mexico, Micronesia, Middle East, Nepal, New Zealand, Palestine, Peru, Philippines, Puerto Rico, Rhodesia, Scotland, Singapore, South Africa, South America, Switzerland, Taiwan, Tanzania, Thailand, Turkey, Vietnam, Zaire, Zimbabwe. Residents have held pastorates in nearly every state in the USA.

- Over 500 are now on the reservation list for possible entry—up to the year 2010! And the number grows.
- Acquisition of four adjacent acres and completion of an encompassing master plan led to a modern Health Center in 1980 and expansion of Pitzer Lodge in 1982. Because the fall Festival is so important to the life of the community, residents helped make possible a new Jubilee Festival Building, commemorating Pilgrim Place's 75th anniversary, in 1990. Improvements continue to be made as cost effective ways are found to implement quality services for creative, caring persons who "have their values in the right place."

660 Avery Road • Claremont, CA 91711
714/621-9581

FICTION OR FACT



ABOUT

PILGRIM PLACE

PILGRIM PLACE BROCHURE

APPENDIX I

FICTION OR FACT

G. WORTH GEORGE, EXECUTIVE DIRECTOR

FICTION

Pilgrim Place is like most other homes.

FACT It is an interdependent and inclusive religious and cultural community where 330 retired church workers live. They come from professional service as missionaries, ministers, YM and YWCA directors, and teachers of religion after a minimum of 20 years of employment under Christian church auspices.

It differs in purpose, having been established as much to offer these service-oriented persons a place of "relevant usefulness", as to provide security.

It differs in governance. Pilgrim Place's policies are set by a volunteer board of directors, one-fourth (1/4) of whom are residents. Pilgrims also have their own self-governing council, "Town Meeting," and are empowered to be a part of all major decisions.

It differs in being the USA's only non-lifecare self-sustaining ecumenical retirement village for church professionals with a full continuum of services and no means test.

FICTION

Because Pilgrims are now retired in a serene oasis, they are no longer as involved. Residents pursue an unusually active

FACT

lifestyle — teaching and writing, preaching and speaking, visiting hospitals and prisons,

serving on community boards and church councils, giving leadership in retreats and conferences, providing counseling and encouragement as they seek new ways to volunteer helping hands and hearts. Their vocational commitment continues to transcend self-interest, even as the limitations of aging take their toll.

The Festival, a year-long project, draws thousands of visitors each November. Its proceeds provide an emergency fund with money to assist those whose resources are exhausted. The Petterson Museum features countries where residents served. Residents have made Pilgrim Place a center of influence and inspiration for young and old.

FICTION

Pilgrims are so generous, they must be wealthy.

FACT

The majority have worked in small parishes or on mission fields with little opportunity to save or build equity in property. Many now live on modest pensions, with limited Social Security. At least one-fourth receive assistance to pay monthly charges.

In spite of this, there is a higher percentage of tithers. Residents contribute to United Way, their church, and many other worthy causes continuing a lifelong pattern of sacrificial stewardship. And — they also help support themselves by donations to Pilgrim Place.

FICTION

Pilgrim Place now selects well-to-do applicants, since it costs more to live there.

FACT

Not so. Few (if any) other homes in the nation receive applications, vote eligibility, and offer housing, all BEFORE anything whatsoever is known about financial status. Thus, it keeps faith with an

historic purpose of remaining open to those with priority — missionaries, members of minority groups, and those who have little chance to go elsewhere — regardless of how limited are their resources.

Pilgrim Place provides housing, a variety of supportive services to undergird independence, and quality long-term health care to any and all as needs change. No one has ever been asked to leave because they no longer have enough money. An implicit promise is made by Pilgrim Place to "see them through."

FICTION

This beautiful place must be heavily endowed or sponsored by a denomination, so it must not really need donations.

FACT

It took over 75 years to build the present complex. As 34 acres were gradually acquired, generous donors, churches and grateful lay persons provided funds for 12 central facilities and most of the homes. These came into being one by one, in gratitude for valued ministries.

Pilgrim Place is not supported financially by any denomination or some larger corporate structure. It's endowment is quite modest, although a program is underway to increase it. A number of congregations place Pilgrim Place in their annual benevolence budgets. However, monthly rates have to increase every year to maintain "Fiscal Fitness."

Pilgrim Place must now raise over a quarter of a million dollars each year in Annual Giving to provide supplements for those in need and to balance its \$6,000,000 annual budget. Gifts of all sizes from 1,200 donors help make this possible.

(over)

TABLE 1: Current Population Reports

YEAR OR PERIOD	TOTAL (Jan. 1 - Dec. 31)					RATE PER 1,000 MID-PERIOD POPULATION						
	Popula- tion at start of period (1,000)	Net increase		Natural increase		Net civilian immig- ration (1,000)	Net growth rate	Natural increase			Net civil- ian immig- ration rate	
		Total (1,000)	Percent	Births (1,000)	Deaths (1,000)			Total	Birth rate	Death rate		
ALL RACES												
1960	179,386	2,901	1.62	4,307	1,708	328	16.1	14.4	23.8	9.5		1.8
1965	193,223	2,315	1.20	3,801	1,830	373	11.9	10.1	19.6	9.4		1.9
1970	203,849	2,617	1.28	3,739	1,927	438	12.8	8.8	18.2	9.4		2.1
1975	214,931	2,165	1.01	3,144	1,894	449	10.0	5.8	14.6	8.8		2.1
1980	226,451	2,582	1.14	3,612	1,990	845	11.3	7.1	15.9	8.7		3.7
1985	238,207	2,325	0.98	3,761	2,087	650	9.7	7.0	15.7	8.7		2.7
1987	242,841	2,367	0.97	3,809	2,124	683	9.7	6.9	15.6	8.7		2.8
1988	245,208	2,409	0.98	3,913	2,171	667	9.8	7.1	15.9	8.8		2.7
1989	247,617	2,505	1.01	3,977	2,155	682	10.1	7.3	16.0	8.7		2.7
Annual averages												
1960-64	179,386	2,767	1.54	4,210	1,756	346	14.8	13.2	22.6	9.4		1.9
1965-69	193,223	2,125	1.10	3,633	1,889	418	10.7	8.8	18.3	9.5		2.1
1970-74	203,849	2,216	1.09	3,370	1,946	359	10.6	6.8	16.1	9.3		1.7
1975-79	214,931	2,304	1.07	3,293	1,909	449	10.5	6.3	14.9	8.7		2.0
1980-84	226,451	2,351	1.04	3,646	2,001	682	10.1	7.1	15.7	8.6		2.9
1985-89	238,207	2,383	1.00	3,843	2,128	668	9.8	7.0	15.8	8.7		2.7

Population. No. 14. Estimated Components of Population Change, by Race: 1960 to 1989.¹

¹ U.S. Bureau of the Census, Current Population Reports, series P-25, Nos. 1045 and 1057.

TABLE 2: Projections of the Hispanic Population

AGE AND SEX	POPULATION (1,000)				PERCENT DISTRIBUTION		PERCENT CHANGE	
	1995	2000	2005	2010	2000	2010	1990-2000	2000-2010
Total	22,550	25,223	27,959	30,795	100.0	100.0	26.8	22.1
Under 5 years old	2,412	2,496	2,644	2,852	9.9	9.3	9.4	14.3
5-17 years old	5,555	6,207	6,551	6,848	24.6	22.2	28.6	10.3
18-24 years old	2,511	2,767	3,254	3,599	11.0	11.7	15.9	30.1
25-34 years old	3,717	3,804	4,036	4,526	15.1	14.7	4.8	19.0
35-44 years old	3,430	3,803	3,894	3,983	15.1	12.9	36.4	4.7
45-54 years old	2,165	2,811	3,440	3,806	11.1	12.4	68.5	35.4
55-64 years old	1,342	1,619	2,093	2,704	6.4	8.8	36.9	67.0
65-74 years old	894	1,041	1,183	1,432	4.1	4.7	47.2	37.6
75 years old and over	525	678	864	1,045	2.7	3.4	61.8	54.1
16 years old and over	15,322	17,419	19,753	22,131	69.0	71.9	29.5	27.1
Male	11,285	12,627	14,000	15,419	50.1	50.1	26.9	22.1
Female	11,265	12,596	13,960	15,376	49.9	49.9	26.7	22.1

Population. No. 15. Projections of the Hispanic Population, by Age and Sex: 1995 to 2010.¹

¹ U.S. Bureau of the Census, Current Population Reports, series P-25, No. 995.

TABLE 3: Projections of Total Population, by Race: 1991 to 2025.

YEAR	TOTAL POPULATION (1,000)				BY RACE (middle series)					
	Lowest series (series 19)	Middle series (series 14)	Highest series (series 9)	Zero migra- tion (series 29)	Number (1,000)			Percent distribution		
					White	Black	Other races	White	Black	Other races
1991	250,178	252,502	254,570	249,402	211,993	31,571	8,938	84.0	12.5	3.5
1992	251,592	254,521	257,235	250,781	213,301	31,988	9,232	83.8	12.6	3.6
1993	252,906	256,466	259,888	252,083	214,542	32,398	9,527	83.7	12.6	3.7
1994	254,121	258,338	262,526	253,308	215,714	32,801	9,823	83.5	12.7	3.8
1995	255,239	260,138	265,151	254,459	216,820	33,199	10,119	83.3	12.8	3.9
1996	256,266	261,872	267,766	255,541	217,862	33,592	10,418	83.2	12.8	4.0
1997	257,207	263,543	270,376	256,561	218,845	33,981	10,717	83.0	12.9	4.1
1998	258,068	265,157	272,986	257,523	219,773	34,366	11,017	82.9	13.0	4.2
1999	258,856	266,730	275,602	258,436	220,661	34,749	11,320	82.7	13.0	4.2
2000	259,576	268,266	278,228	259,304	221,514	35,129	11,624	82.6	13.1	4.3
2005	262,363	275,604	291,710	263,189	225,424	37,003	13,177	81.8	13.4	4.8
2010	264,193	282,575	305,882	266,528	228,978	38,833	14,764	81.0	13.7	5.2
2015	265,072	288,997	320,494	269,131	232,081	40,564	16,352	80.3	14.0	5.7
2020	264,536	294,364	335,022	270,493	234,330	42,128	17,906	79.6	14.3	6.1
2025	262,218	298,252	348,985	270,234	235,369	43,473	19,410	78.9	14.6	6.5

Population Projections. No. 16. Projections of Total Population, by Race: 1991 to 2025.¹

¹ U.S. Bureau of the Census, Current Population Reports, series P-25, No. 1018.

TABLE 4: Projected Components of Population Change, by Race: 1995 to 2025.

YEAR AND RACE	TOTAL (Jan. 1 - Dec. 31)						RATE PER 1,000 MIDYEAR POPULATION				
	Population at start of period (1,000)	Net increase		Natural increase		Net Civilian immigration (1,000)	Net growth rate	Natural increase			Net Civilian immigration rate
		Total (1,000)	per-cent	Births (1,000)	Deaths (1,000)			Total	Birth rate	Death rate	
ALL RACES											
1995	259,238	1,767	0.68	3,517	2,275	525	6.8	4.8	13.5	8.7	2.0
2000	267,498	1,522	0.57	3,389	2,367	500	5.7	3.8	12.6	8.8	1.9
2005	275,884	1,433	0.52	3,399	2,465	500	5.2	3.4	12.3	8.9	1.8
2010	281,894	1,351	0.48	3,485	2,634	500	4.8	3.0	12.3	9.3	1.8
2025	297,926	622	0.21	3,357	3,235	500	2.1	0.4	11.3	10.9	1.7

Population Projections. No. 17. Projected Components of Population Change, by Race: 1995 to 2025.¹

¹ U.S. Bureau of the Census, Current Population Reports, P-25, No. 1018.

TABLE 5: Deaths and Death Rates, by State: 1970 to 1989.

REGION, DIVISION AND STATE	NUMBER OF DEATHS (1,000)								RATE PER 1,000 POPULATION							
	By State of residence						By State of occurrence 1		By State of residence						By State of occurrence 1	
	1970	1980	1985	1986	1987	1988	1988, prel.	1989, prel.	1970	1980	1985	1986	1987	1988	1988, prel.	1989, prel.
United States	1,921	1,990	2,086	2,105	2,123	2,168	2,171	2,155	9.5	8.8	8.7	8.7	8.7	8.8	8.8	8.6
Northeast	499	480	485	488	489	495	1,495	480	10.2	9.8	9.7	9.7	9.7	9.8	9.8	9.5
Midwest	541	524	532	536	534	543	542	533	9.6	8.9	9.0	9.0	9.0	9.1	9.1	8.9
South	593	659	713	723	731	750	758	754	9.5	8.7	8.7	8.7	8.7	8.9	9.0	8.8
West	288	327	356	359	369	380	374	387	8.3	7.6	7.4	7.4	7.4	7.5	7.4	7.5

1 = Includes deaths of nonresidents.

Vital Statistics. No. 110. Deaths and death Rates, by State: 1970 to 1989.¹

¹ U.S. National Center for Health Statistics, Vital Statistics of the United States, annual; and Monthly Vital Statistics Report.

TABLE 6: Infant Mortality Rates: Infant, Maternal, and Neonatal Mortality Rates.

ITEM	1960	1970	1975	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988
Infant Deaths	26.0	20.0	16.1	13.1	12.6	11.9	11.5	11.2	10.8	10.6	10.4	10.1	10.0
Maternal deaths	37.1	21.5	12.8	9.6	9.2	8.5	7.9	8.0	7.8	7.8	7.2	6.6	8.4
Fetal deaths	16.1	14.2	10.7	9.4	9.2	9.0	8.9	8.5	8.2	7.9	7.7	7.7	7.5
Neonatal deaths	18.7	15.1	11.6	8.9	8.5	8.0	7.7	7.3	7.0	7.0	6.7	6.5	6.3

Infant Mortality Rates. No. 111. Infant, Maternal, and Neonatal Mortality Rates, and fetal Mortality Ratios, by Race: 1960 to 1988.¹

¹ U.S. National Center for Health Statistics, Vital Statistics of the United States, annual; and Monthly Vital Statistics Report.

TABLE 7: Infant Mortality Rates: Fetal and Infant Deaths.

YEAR	NUMBER						PERCENT DISTRIBUTION					
	Total	Fetal deaths		Infant deaths			Total	Fetal deaths		Infant deaths		
		Early 1	Late 2	Neonatal		Post-neo-natal 5		Early 1	Late 2	Neonatal		Post-neo-natal 5
				Early 3	Late 4					Early 3	Late 4	
1960	179,353	16,496	51,984	71,125	8,608	31,140	100.0	9.2	29.0	39.7	4.8	17.4
1970	127,628	17,170	35,791	50,821	5,458	18,388	100.0	13.5	28.0	39.8	4.3	14.4
1980	78,879	10,754	22,599	25,492	5,126	14,908	100.0	13.6	28.7	32.3	6.5	18.9
1981	75,901	11,126	21,470	24,384	4,737	14,187	100.0	14.7	28.3	32.1	6.2	18.7
1982	75,095	11,028	21,666	23,706	4,629	14,066	100.0	14.7	28.9	31.6	6.2	18.7
1983	71,379	10,933	19,819	22,315	4,192	14,120	100.0	15.3	27.8	31.3	5.9	19.8
1984	69,679	10,963	19,136	21,566	4,125	13,889	100.0	15.7	27.5	31.0	5.9	19.9
1985	69,691	10,958	18,703	21,865	4,314	13,851	100.0	15.7	26.8	31.4	6.2	19.9
1986	67,863	11,100	17,872	21,053	4,159	13,679	100.0	16.4	26.3	31.0	6.1	20.2
1987	67,757	11,656	17,693	20,471	4,156	13,781	100.0	17.2	26.1	30.2	6.1	20.3
1988	68,352	11,833	17,609	20,471	4,219	14,220	100.0	17.3	25.8	29.9	6.2	20.87

1 = 20-27 weeks gestation. 2 = 28 weeks or more gestation. 3 = Less than 7 days. 4 = 7-27 days. 5 = 28 days - 11 months.

Infant Mortality Rates. No. 112. Fetal and Infant Deaths--Number and Percent Distribution: 1960 to 1988.¹

¹ U.S. National Center for Health Statistics, Vital Statistics of the United States, annual; and Monthly Vital Statistics.

TABLE 8: Infant Mortality Rates: Infant Deaths and Infant Mortality Rates, By Cause of Death.

CAUSE OF DEATH	NUMBER			PERCENT DISTRIBUTION			INFANT MORTALITY RATE			
	1980	1985	1988	1980	1985	1988	1980	1985	1988	1989, prel.
Total	45,526	40,030	38,910	100.0	100.0	100.0	1,260.3	1,064.9	995.3	973.3
Congenital anomalies	9,220	8,561	8,141	20.3	21.4	20.9	255.2	227.7	208.2	204.7
Sudden infant death syndrome	5,510	5,315	5,476	12.1	13.3	14.1	152.5	141.3	140.1	126.4
Respiratory distress syndrome	4,989	3,691	3,181	11.0	9.2	8.2	138.1	98.2	81.4	86.6
Disorders relating to short gestation and unspecified low birthweight	3,648	3,257	3,266	8.0	8.1	8.4	101.0	86.6	83.6	100.1
Newborn affected by maternal complications of pregnancy	1,572	1,335	1,411	3.5	3.3	3.6	43.5	35.5	36.1	(NA)
Intrauterine hypoxia and birth asphyxia	1,497	1,158	777	3.3	2.9	2.0	41.4	30.8	19.9	19.5
Infections specific to the perinatal period	971	955	878	2.1	2.4	2.3	26.9	25.4	22.5	(NA)
Accidents and adverse effects	1,166	890	936	2.6	2.2	2.4	32.3	23.7	23.9	(NA)
Newborn affected by complications of placenta, cord, and membranes	985	891	907	2.2	2.2	2.3	27.3	23.7	23.2	(NA)
Pneumonia and influenza	1,012	705	641	2.2	1.8	1.6	28.0	18.7	16.4	12.5
All other causes	14,956	13,272	13,294	32.9	33.2	34.2	414.1	352.9	340.0	(NA)

Infant Mortality Rates. No. 113. Infant Deaths and Infant Mortality Rates, by Cause of Death: 1980 to 1988.¹

¹ U.S. National Center for Health Statistics, Vital Statistics of the United States, annual; and Monthly Vital Statistics Report.

TABLE 9: Live Births--Number and Rate.

REGION AND DIVISION	NUMBER (1,000)							
	By State of residence						By State of occurrence	
	1970	1980	1985	1986	1987	1988	1988	1989
U.S.	3,731	3,612	3,761	3,757	3,809	3,910	3,913	4,021
Northeast	831	656	705	715	736	757	754	780
Midwest	1,038	956	909	890	891	903	903	913
South	1,208	1,232	1,300	1,297	1,308	1,339	1,349	1,361
West	654	768	847	855	875	944	889	941
REGION AND DIVISION	RATE PER 1,000 POPULATION							
	By State of residence						By State of occurrence	
	1970	1980	1985	1986	1987	1988	1988	1989
U.S.	18.4	15.9	15.8	15.6	15.7	15.9	15.9	16.2
Northwest	16.9	13.4	14.1	14.3	14.6	15.0	14.9	15.4
Midwest	18.4	16.2	15.3	15.0	15.0	15.1	15.1	15.2
South	19.2	16.4	15.9	15.6	15.6	15.8	15.9	15.9
West	18.8	17.8	17.7	17.5	17.6	18.0	17.5	18.2

Vital Statistics. No. 85. Live Births--Number and Rate, division: 1970 to 1989.¹

¹ U.S. National Center for Health Statistics, Vital Statistics of the United States, annual: and Monthly Vital Statistics Report.

TABLE 10: Total Fertility Rate and Intrinsic Rate of Natural Increase: 1960 to 1988.

ANNUAL AVERAGE AND YEAR	TOTAL FERTILITY RATE			INTRINSIC RATE OF NATURAL INCREASE		
	Total	White	Black and Other	Total	White	Black and Other
1960-1964	3,449	3,326	4,326	18.6	17.1	27.7
1965-1969	2,622	2,512	3,362	8.2	6.4	18.6
1970-1974	2,094	1,997	2,680	-0.7	-2.5	9.1
1975-1979	1,774	1,685	2,270	-6.6	-8.5	3.0
1980-1984	1,819	1,731	2,262	-5.4	-7.3	3.0
1985-1986	1,839	1,748	2,272	-4.9	-6.7	3.2
1985-1988	1,870	1,769	2,339	-4.2	-6.3	4.3
1970	2,480	2,385	3,067	6.0	4.5	14.4
1971	2,267	2,161	2,920	2.6	0.8	12.6
1972	2,010	1,907	2,628	-2.0	-3.9	8.6
1973	1,879	1,783	2,443	-4.5	-6.5	5.7
1974	1,835	1,749	2,339	-5.4	-7.2	4.0
1975	1,774	1,686	2,276	-6.7	-8.6	3.0
1976	1,738	1,652	2,223	-7.4	-9.3	2.1
1977	1,790	1,703	2,279	-6.2	-8.1	3.2
1978	1,760	1,668	2,265	-6.8	-8.8	2.9
1979	1,808	1,716	2,310	-5.7	-7.7	3.8

1980	1,840	1,749	2,323	-5.1	-7.0	4.0
1981	1,815	1,726	2,275	-5.5	-7.4	3.3
1982	1,829	1,742	2,265	-5.2	-7.0	3.0
1983	1,803	1,718	2,225	-5.7	-7.5	2.5
1984	1,806	1,719	2,224	-5.6	-7.4	2.4
1985	1,843	1,754	2,263	-4.8	-6.6	3.1
1986	1,836	1,742	2,282	-4.9	-6.8	3.3
1987	1,871	1,767	2,349	-4.2	-6.3	4.5
1988	1,932	1,814	2,363	-3.0	-5.3	6.3

Total Fertility Rates--Birth Rates. No. 86. Total Fertility Rate and Intrinsic Rate of Natural Increase: 1960 to 1988.¹

¹ U.S. National Center for Health Statistics, Vital Statistics of the United States, annual; and unpublished data.

TABLE 11: Projected Fertility Rates, by Race and Age Group: 1990 to 2010.

AGE GROUP	ALL RACES			WHITE			BLACK			OTHER RACES		
	1990	2000	2010	1990	2000	2010	1990	2000	2010	1990	2000	2010
Total fertility rate	1,850	1,846	1,849	1,781	1,780	1,791	2,170	2,095	2,040	2,175	2,110	2,059
birth rates												
10-14 years old	0.8	0.9	0.8	0.4	0.5	0.5	3.0	2.8	2.3	0.4	0.5	0.5
15-19 years old	49.3	46.6	45.2	41.5	40.3	40.0	90.8	80.2	71.6	39.9	39.0	38.9
20-24 years old	105.5	104.1	102.2	102.2	100.4	99.2	132.0	124.6	118.4	98.6	97.5	96.9
25-29 years old	110.9	113.0	115.0	111.4	113.3	115.2	104.6	107.5	110.5	124.9	124.7	124.5
30-34 years old	72.3	73.9	75.4	71.6	72.9	74.3	67.3	69.4	71.4	108.8	104.6	100.1
35-39 years old	26.0	26.2	26.7	24.4	24.7	25.1	29.5	29.0	28.6	48.9	45.3	41.9

40-44 years old	5.0	4.3	4.2	4.5	3.8	3.8	6.8	5.4	5.1	12.6	9.6	8.4
45-49 years old	0.2	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2	1.0	0.9	0.7

No. 87. Projected Fertility Rates, by Race and Age Group: 1990 to 2010.¹

¹ U.S. Bureau of the Census, Current Population Reports, series P-25, No. 1018.

TABLE 12: Birth Rates, by Live-Birth Order and Race: 1970 to 1988.

LIVE-BIRTH ORDER	ALL RACES				
	1970	1980	1985	1987	1988
Total	87.9	68.4	66.2	65.7	67.2
First birth	34.2	29.5	27.6	27.2	27.6
Second birth	24.2	21.8	22.0	21.6	22.0
Third birth	13.6	10.3	10.4	10.5	10.9
Fourth birth	7.2	3.9	3.8	13.9	4.1
Fifth birth	3.8	1.5	1.4	1.4	1.5
Sixth and seventh	3.2	1.0	0.8	0.8	0.9
Eighth and over	1.8	0.4	0.3	0.3	0.3

LIVE-BIRTH ORDER	WHITE					BLACK				
	1970	1980	1985	1987	1988	1970	1980	1985	1987	1988
Total	84.1	64.7	63.0	62.0	63.0	115.4	88.1	82.2	83.8	86.6
Firth birth	32.9	28.4	26.5	25.9	26.2	43.3	35.2	32.4	32.8	33.5
Second birth	23.7	21.0	21.4	20.9	21.1	27.1	25.7	24.5	24.9	25.8
Third birth	13.3	9.5	9.7	9.8	10.1	16.1	14.5	13.9	14.5	15.1
Fourth birth	6.8	3.4	3.3	3.4	3.6	10.0	6.7	6.3	6.5	6.9
Fifth birth	3.4	1.3	1.1	1.1	1.2	6.4	3.0	2.7	2.8	2.9
Sixth and seventh	2.7	0.8	0.7	0.6	0.7	7.0	2.1	1.8	1.7	1.8
Eighth and over	1.2	0.3	0.2	0.2	0.2	5.6	0.9	0.6	0.5	0.5

No. 88. Birth Rates, by Live-Birth Order and Race: 1970 to 1988.¹

¹ U.S. National center for Health Statistics, Vital Statistics of the United States, annual; and unpublished data.

TABLE 13: Deaths, by Selected Cause and Selected Characteristics: 1988.

AGE, SEX, AND RACE	Total1	Dis-eases of heart	Mali-gnant neo-plas-ma	Acci-dents and ad-verse ef-fects	Cere-bro-vas-cular dis-eases	Chro-nic obst-ruct-ive pul-mon-ary dis-eases2	Pneu-monia flu	Sui-cide	Chro-nic liver dis-ease, cir-rhosis	Dia-betes mell-itus	Hon-ici-de and leg-al int-erv-ent-ion
ALL RACES											
Both sexes, total3	2168.0	765.0	485.0	97.1	150.5	82.9	77.7	30.4	26.4	40.4	22.0
under 15 years old	55.3	1.5	1.7	8.0	0.3	0.2	1.0	0.2	(8)	(8)	1.2
16-24 years old	38.2	1.1	1.9	18.5	0.3	0.2	0.3	4.9	0.1	0.1	5.8
25-34 years old	59.1	3.6	5.2	16.7	1.0	0.3	0.8	6.7	1.1	0.7	7.0
35-44 years old	77.5	12.1	15.6	11.6	2.4	0.6	1.3	5.2	3.6	1.4	3.8
45-54 years old	117.5	31.8	38.8	7.5	4.6	2.3	1.8	3.5	4.8	2.5	1.7
55-64 years old	269.7	87.5	97.7	7.7	11.2	10.7	4.1	3.4	7.0	6.1	1.1
65-74 years old	488.5	176.1	150.8	9.0	27.7	27.2	10.7	3.3	6.3	11.1	0.8
75-84 years old	601.9	242.1	125.0	10.1	52.7	29.8	24.5	2.5	3.1	11.9	0.4
85 years old and over	459.7	209.3	48.3	7.9	50.3	11.6	33.1	0.6	0.6	6.5	0.1
Male total3	1125.5	385.4	258.1	65.8	59.8	48.9	36.8	24.1	17.2	17.0	16.7
Under 15 years old	31.7	0.9	1.0	5.1	0.1	0.1	0.5	0.2	(8)	(8)	0.6
15-24 years old	28.5	0.7	1.1	14.2	0.1	0.1	0.1	4.1	(8)	0.1	4.7
25-34 years old	43.0	2.5	2.6	13.1	0.5	0.2	0.5	5.5	0.7	0.4	5.4
35-44 years old	52.4	9.1	6.9	8.9	1.3	0.3	0.9	4.0	2.6	0.8	3.0
45-54 years old	73.9	23.5	19.5	5.5	2.5	1.2	1.2	2.6	3.4	1.4	1.3

55-64 years old	165.4	60.2	54.2	5.3	6.1	6.2	2.6	2.6	4.7	2.9	0.8
65-74 years old	283.9	107.9	85.2	5.4	14.0	16.4	6.6	2.6	3.9	4.9	0.5
75-84 years old	294.7	116.1	66.7	5.2	21.6	18.1	12.6	2.1	1.6	4.6	0.2
85 years old and over	151.6	64.6	20.9	3.1	13.4	6.4	11.8	0.5	0.3	1.9	0.1
Female, total ³	1042.5	379.8	227.0	31.3	90.8	33.9	40.8	6.3	9.2	23.4	5.3
Under 15 years old	23.6	0.7	0.8	3.0	0.1	0.1	0.4	0.1	(8)	(8)	0.5
15-24 years old	9.6	0.4	0.8	4.3	0.1	0.1	0.1	0.8	(8)	0.1	1.1
25-34 years old	16.2	1.1	2.7	3.6	0.4	0.1	0.3	1.2	0.3	0.3	1.6
35-44 years old	25.0	3.0	8.7	2.7	1.1	0.3	0.5	1.2	1.0	0.6	0.8
45-54 years old	43.6	8.3	19.2	2.0	2.2	1.1	0.6	1.0	1.4	1.1	0.4
55-64 years old	104.4	27.3	43.5	2.4	5.1	4.5	1.5	0.8	2.3	3.2	0.3
65-74 years old	204.6	68.2	65.6	3.5	13.7	10.8	4.2	0.7	2.4	6.2	0.3
75-84 years old	307.2	126.0	58.3	5.0	31.1	11.7	11.9	0.4	1.5	7.3	0.3
85 years old and over	308.2	144.6	27.5	4.8	36.9	5.2	21.4	0.1	0.3	4.7	0.1

2 = Fewer than 50 1 = Includes other causes, not shown separately. 2 = Includes allied conditions. 3 = Includes those deaths with age not stated.

No. 117. Deaths, by Selected Cause and Selected Characteristics: 1988.¹

¹ U.S. National Center for Health Statistics, Vital Statistics of the United States, annual.

TABLE 14: Death Rates by Selected causes and Selected Characteristics: 1970 to 1989.

YEAR AND CHARACTERISTIC	Total	Diseases of heart	Malignant neo-plasms	Accidents and adverse effects	Cerebro-vascular diseases	Chronic obstructive pulmonary diseases	Pneumonia/flu	Suicide	Chronic liver disease, cirrhosis	Diabetes mellitus	Homicide and legal intervention
ALL RACES											
Both sexes:											
1970, age-adjusted	714.3	253.6	129.9	53.7	66.3	(4)	22.1	11.8	14.7	14.1	9.1
1980, age-adjusted	585.8	202.0	132.8	42.3	40.8	15.9	12.9	11.4	12.2	10.1	10.8
1985, age-adjusted	546.1	180.5	133.6	34.7	32.3	18.7	13.4	11.5	9.6	9.6	8.3
1986, age-adjusted	541.7	175.0	133.2	35.2	31.0	18.8	13.5	11.9	9.2	9.6	9.0
1987, age-adjusted	535.5	169.6	132.9	34.6	30.3	18.7	13.1	11.7	9.1	9.8	8.6
1988, age-adjusted	535.6	166.3	132.7	35.0	29.7	19.4	14.2	11.4	9.0	10.1	9.0
1989, age-adjusted	524.1	155.9	133.7	33.5	28.5	19.4	13.3	11.7	8.7	11.3	9.4
15-24 years old	102.1	2.9	5.1	49.5	0.7	0.5	0.7	13.2	0.1	0.3	15.4
25-34 years old	135.4	8.2	11.9	38.3	2.2	0.7	1.9	15.4	2.4	1.5	16.0
35-44 years old	219.6	34.2	44.2	32.8	6.9	1.8	3.8	14.8	10.1	4.0	10.9
45-54 years old	486.2	131.4	160.4	31.1	19.2	9.3	7.3	14.6	19.8	10.4	7.1
55-64 years old	1235.6	400.9	447.3	35.1	51.3	48.8	18.9	15.6	32.0	28.0	5.2

65-74 years old	2729.8	984.1	842.7	50.1	154.7	151.9	59.9	18.4	35.0	62.0	4.2
75-84 years old	6321.3	2542.7	1313.3	106.5	553.6	313.0	257.1	25.9	32.4	125.0	4.5
85 years old and over	15594.0	7098.1	1638.9	267.3	1707.4	394.3	1124.5	20.5	20.0	222.1	4.7
Males											
1970, age-adjusted	931.6	348.5	157.4	60.7	73.2	(4)	26.8	17.3	20.2	13.5	14.9
1980, age-adjusted	777.2	280.4	145.5	64.0	44.9	26.1	17.4	18.0	17.1	10.2	17.4
1985, age-adjusted	716.8	247.7	164.5	51.8	35.2	27.9	18.2	18.8	13.6	9.9	12.8
1987, age-adjusted	698.6	229.6	163.2	51.2	32.7	26.9	17.7	19.1	13.0	10.3	13.2
1988, age-adjusted	696.7	224.5	162.4	51.5	32.4	27.5	18.9	18.7	12.9	10.5	13.9
15-24 years old	151.0	3.8	5.9	75.1	0.8	0.5	0.8	21.9	0.2	0.4	24.7
25-34 years old	196.7	11.3	11.7	60.0	2.4	0.7	2.4	25.0	3.2	1.8	24.7
35-44 years old	301.4	52.2	39.7	51.0	7.5	1.9	5.1	22.9	14.9	4.8	17.3
45-54 years old	629.0	199.8	166.3	47.0	21.0	10.2	10.0	21.7	29.1	11.5	11.4
55-64 years old	1606.9	564.7	526.7	51.2	59.5	59.9	25.1	25.0	45.7	28.6	9.2
65-74 years old	3573.8	1358.1	1072.7	68.6	176.5	205.9	82.5	33.0	48.7	61.8	9.9
75-84 years old	8223.2	3239.1	1861.0	143.7	603.2	504.8	352.4	57.2	43.8	127.3	6.3
85 years old and over	18370.8	7030.9	2527.9	374.5	1625.6	776.8	1428.2	60.4	33.8	229.2	7.3

Female:											
1970, age-adjusted	532.5	175.2	108.8	28.2	60.8	(4)	16.7	6.8	9.8	14.4	3.7
1980, age-adjusted	432.6	140.3	109.2	21.8	37.6	8.9	9.8	5.4	7.9	10.0	4.5
1985, age-adjusted	409.4	127.3	111.4	18.6	30.0	12.5	10.1	4.9	6.1	9.4	3.9
1987, age-adjusted	403.3	121.7	111.0	18.8	28.3	13.2	10.0	4.9	5.6	9.3	4.1
1988, age-adjusted	404.4	119.8	111.2	19.1	27.6	14.0	11.0	4.7	5.6	9.8	4.2
15-24 years old	52.1	2.1	4.2	23.3	0.7	0.4	0.7	4.2	0.1	0.3	6.0
25-34 years old	74.0	5.1	12.2	16.6	2.1	0.7	1.5	5.7	1.6	1.2	7.3
35-44 years old	140.0	16.8	48.5	15.0	6.2	1.7	2.5	6.9	5.4	3.1	4.6
45-54 years old	350.9	66.7	154.9	16.0	17.4	8.5	4.8	7.9	11.0	9.2	3.1
55-64 years old	904.7	237.0	376.6	20.7	44.0	39.0	13.3	7.2	19.8	27.5	2.5
65-74 years old	2056.1	685.6	659.2	35.4	137.3	108.8	41.8	6.8	24.1	62.1	2.9
75-84 years old	5173.3	2122.4	982.6	84.1	523.7	197.3	199.6	6.9	25.5	123.7	3.5
85 years old and over	14508.1	6810.1	1292.8	225.5	1738.4	245.5	1005.9	5.0	14.6	219.3	1.7

Death Rates by Cause. No. 118. Death Rates by Selected Causes and Selected Characteristics:

1970 to 1989.¹

¹ U.S. National Center for Health Statistics, Vital Statistics of the United States, annual.

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